

# THE MEDICAL NEWS.

A WEEKLY JOURNAL OF MEDICAL SCIENCE.

VOL. LXXVI.

NEW YORK, SATURDAY, FEBRUARY 3, 1900.

No. 5.

## ORIGINAL ARTICLES.

### THE RELATION OF THE CLINICAL LABORATORY TO MODERN SURGERY.<sup>1</sup>

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THERE is an impression current in the minds of many that the responsibility of the modern surgeon is not as great as that of his predecessor. A little reflection will show, however, that that very desirable condition does not exist. The loss of a patient from septic infection after an uncomplicated compound fracture will not be as readily forgiven to-day as it was thirty years ago; nor would eleven deaths from sepsis after seventeen amputations done in a year be viewed with complacency either by hospital boards, the profession or the people. Yet surgeons in the not-too-remote past maintained themselves in high positions with so serious mortalities for which they were not held accountable.

Modern surgery is largely a surgery of election. Operations are undertaken because of the safety of the procedure on patients who might live several years without surgical intervention. The loss of a patient from sepsis after a hysterectomy for small fibroid tumor, or after an interval operation for appendicitis is too deplorable to contemplate. These operations were not done by our predecessors and they assumed no responsibility in the matter.

Pasteur studied the organisms found in the secretion of wounds and cultivated them, but it remained for Koch to so develop bacteriological technic that through improved methods he was able to differentiate the micro-organisms of the infectious diseases. Bacteriological investigation of other sources of septic infection than the air were now pursued with great enthusiasm and their well-nigh universal distribution found. No one appreciated more fully than Mr. Lister the importance of these discoveries, and at the close of an address by Pasteur, at the Seventh International Medical Congress, he took occasion to congratulate both Pasteur and Koch on having established beyond dispute, through laboratory research, the first principles of modern surgery.

Schimmelbusche, appreciating the importance of this form of investigation, organized a bacteriological laboratory as an adjunct to the surgical clinic and was among the first to undertake routine bacteriological provings in general surgical work. The results of his investigation led to the development of the aseptic technic of Von

Bergmann in contradistinction to the antiseptic technic of Lister. It was my privilege to assist Schimmelbusch in his early efforts and the detail arranged by him will now serve for all necessary requirements.

The continued provings, by cultural methods, of our surgical technic is a first requisite for work of a high standard. However much surgical technic of different surgeons may differ in detail, it has its primary basis in the laboratory. To establish a given method of sterilization as effectual by a single series of cultural provings is not sufficient. It will be found that unless a culture is likely to be taken at any time from any package of dressings, sutures or other materials, variations in the methods of sterilization may be made by the nurse or assistant. It has been my practise to take at irregular intervals, and without notice, provings from the operating-room, from the dressings, sutures, ligatures, towels, instruments, water, hands of the operator and assistant and skin of the patient. In aseptic cases these cultures are taken at the end of the operation instead of the beginning. If, from any portion of the hospital an unusual number of failures present, the head-nurse is informed or an investigation inaugurated. In addition, cultures are taken from the nurse's hands having charge of the preparation of the patient. The professional pride shown by the nurses in the work is very gratifying. While developing colonies occasionally adds a sorrow, yet it is soon dissipated by subsequent successes. In this way a high standard is established and a proper *esprit de corps* maintained. Nor is this all the advantage acquired. We hope finally to be able to establish a method of skin disinfection, which is uniformly effectual with the minimum discomfort to the patient.

The uniform disinfection of the hands of the surgeon and his assistants by any method is settled negatively in my mind. Out of several hundred cultures taken, a sufficient number developed colonies under the most unexpected circumstances to demonstrate the necessity of rubber gloves in order to exclude a serious menace to the patient. They are now worn at all operations regardless of their character and in the final preparation of the field of operation. All dressing of septic wounds is made with gloves. It is only proper in this relation to refer to the fact that catgut for sutures and ligatures should never be employed without cultural provings of each portion after fresh preparation.

The whole fabric of surgical technic depends for its efficiency upon the routine laboratory investigation and upon nothing else. The utility of the laboratory in arresting what may be called

<sup>1</sup> Abstract of the President's Anniversary Address delivered at the ninety-fourth annual meeting of the Medical Society of the State of New York, held at Albany, January 30, 31, and February 1, 1900.

septic storms is unquestionable. Occasionally a series of infected cases will present themselves, although great care is exercised. This is not an isolated experience, but occurs in many of the best clinics under the most careful surgeons. In my experience it is usually a staphylococcus pyogenes aureus infection of a virulent type. The condition requires a most searching investigation, and that major surgery be made to remain in abeyance until the infection is traced to its source and destroyed.

Nor is the utility of the laboratory ended here. In the investigation of obscure genito-urinary diseases it is most useful. The exclusion of early renal tuberculosis requires all the refinements of modern methods of investigation. The evidence of cover-slip staining, culture and animal inoculation may be required in order to demonstrate or exclude the disease. The further exact methods of diagnosis are frequently sufficient to indicate the necessity for early and successful operative intervention in cases in which under ordinary conditions delay might involve grave danger to the patient.

Delayed shock and fat embolism have been a very present refuge in cases of overwhelming sepsis or intoxication. Delayed shock is not shock—it is either hemorrhage or sepsis; nothing else. All the cases of delayed shock that have come either directly or indirectly under my observation were either confirmed as sepsis or hemorrhage at autopsy or were buried with such unseemly haste that no examination could be made. There can be no doubt that fat embolism does occasionally occur, but it is rare. Frequently obscure general infections not associated with pronounced symptoms terminate fatally very suddenly. It has been my misfortune to see a fatal post-typhoid infection after an operation for extra-uterine pregnancy in a patient already convalescent from the fever.

The bacillus pyocyaneus is capable of originating a general septic process, the symptoms of which are not sufficiently uniform to permit of general classification. Cultural examination of the blood has frequently demonstrated the condition. In other obscure septic processes, more especially those with no demonstrable points from which the infection was introduced, cultures taken from the blood will demonstrate the nature of attending joint involvement. Information of much prognostic value is often obtained in this manner. Patients do not recover when there is either a general streptococcus or staphylococcus infection, but may when the infectious bacterium is the bacillus pyocyaneus or the bacillus coli.

Serotherapy as an agent for the relief of surgical sepsis has been disappointing. The antistreptococcus serum of Marmoreck has not justified the earlier claims of its discoverer. However, we have seen enough to encourage us in the perfection of the serum. It can hardly be expected to cure mixed or unusual varieties of streptococcus infections. As a preliminary to further study of antistreptococcus serums, a thorough re-investi-

gation of the streptococcus order is essential. There are always many facts observed that indicate that there are many subvarieties of streptococcus presenting independent clinical characteristics. Varieties must be isolated and so combined in culture that the resulting serum is antidotal to the kind found at the seat of the infection. The utility of the serum treatment of diphtheria is so established that there can be no doubt but that others will be discovered equally effective. The tetanus serum certainly possesses antidotal properties. When given in suitable quantities, I have invariably seen improvement follow its use and in one case I believe it was a life-saving agent. In this latter case nearly five hundred cubic centimeters of serum were given in two doses. In my experience the prescribed dose is far below the quantity required. Enough results have been obtained, however, to justify further and most painstaking investigation. Serotherapy must, however, be employed in conjunction with laboratory methods if it is to occupy an important position in the treatment of surgical infections.

The discovery of actinomycosis and its cause, the ray fungus, has attracted the investigation of other orders of vegetable life closely allied to bacteria. Some of the yeasts and moulds are pathogenic to man. The investigation of the oriental boil, madura foot and allied conditions has been fruitful and allows us to hope that the next decade will demonstrate beyond dispute etiology of other obscure problems of surgery.

The apparent increase of cancer has attracted universal attention and many indefatigable workers are now re-investigating the disease. Already much that is promising has been determined. At this meeting a report will be presented embodying all the latest discoveries in this very important department of endeavor. The task may appear beyond our powers. It will involve a radical departure from the old and require new methods of investigation.

The laboratory has other tasks to perform besides those already considered. The study of the secretory and excretory functions of the body has an importance hardly to be overestimated. Unfortunately suppression of urine and intestinal paralysis play an important rôle in surgical mortality.

The examination of urine requires further investigation than is found in color, reaction, specific gravity, sediment, albumin and sugar tests. The total elimination of solids by the kidneys during twenty-four hours is an important problem where anesthesia is involved. The presence of pepton, indol, indican and other albuminoid principles are an evidence of disordered metabolism due to disturbances of the normal functions of the liver and intestines. The wisdom of undertaking any serious surgical operation without the fullest inquiry into the condition of the intestinal tube and kidneys is doubtful. Frequently this involves delay, but I have never regretted a few days' waiting. On the contrary, some of my

greatest misfortunes have come through undue haste at the solicitation of the patient and attending physician.

The routine examination of the blood is not less essential than either chemical or bacteriological investigations. For example, the approximate estimate by von Fleischl's method of the hemoglobin yields very important information after severe concealed hemorrhage, such as occurs in ectopic gestation, rupture of aortic aneurism, or internal hemorrhage due to the rupture of a kidney, the liver or spleen. Kickvliez has established a rule never to operate when the hemoglobin is under thirty per cent. It occurs to me that such a rule is open to many objections, yet the estimate is none the less valuable as an indication for conserving all the blood possible during the operation.

Bierfreund has carefully examined and tabulated the results of his investigations of the hemoglobin in a number of cases of malignant disease. It has been found in all of them that the hemoglobin is far below normal, that operations are associated with a very considerable loss and that the hemoglobin in the blood never again rises to a normal point, even months after the operation is completed and the patient's condition materially improved. This is a very important discovery and should lend material assistance in deciding for or against the propriety of operating in advanced malignant diseases.

The question of rigors arising before or after operation is an important one. In the years gone by, very frequently a chill after an operation was attributed to a prior malarial affection or to pure nervousness. It is always a matter of first importance to decide this matter at once by exclusion. The so-called nervous chill, concerning which a great amount of skepticism may exist, is not associated with the presence of the plasmodium malarie or pronounced leucocytosis. The septic chill on the other hand is not associated with the plasmodium malarie in the blood. This fact was of considerable comfort to me in my late service in the army. It was my fortune to have a considerable number of the wounded after the battle of Santiago placed in my care. A number of these soldiers also suffered from malaria, and it frequently required the microscopic examination of the blood to determine whether the rigors were due to septic infection or malarial poisoning. This was particularly more interesting to me because the malaria from which the men suffered presented no very uniform or regular type.

The surgeon is frequently called upon to determine the propriety of operating upon tumors in the neighborhood of the spleen, the differential diagnosis of which is frequently attended with many difficulties. The importance of excluding myelogenous leukemia is very great. To make an exploratory incision, to find a leukemic spleen is quite inexcusable in modern surgery because the operator has not availed himself of all the methods of diagnosis. This is equally true in cases

of lymphatic leukemia. It is a great misfortune for a patient to have one or two groups of leukemic glands extirpated. The blood condition will never recover from the necessary hemorrhage produced by the operation and the patient's life will be correspondingly shortened by surgical intervention. On the other hand, a differential blood count will furnish indication for the removal of glandular sarcoma and of the lymphosarcomatous nodes of Hodgkins disease. There is no method by which the surgeon can determine the precise nature of the difficulty which confronts him without recourse to blood analysis.

A careful estimate of the degree of leucocytosis frequently gives an important indication for an attack of obscure intra-abdominal conditions. It is of material advantage in deciding whether in a given case you have hydronephrosis, floating kidney, impacted cecum, a distended gall-bladder, typhoid fever or appendicitis. An increasing leucocytosis when the leucocytes present adult types, or the so-called polynuclears, is always an indication for operation in appendicitis. In obscure intra-abdominal conditions, with evidences of intestinal obstruction, which may be either malignant, simple, obstructive or inflammatory, a careful blood count is frequently of advantage. If under such circumstances the blood is found normal, non-inflammatory obstruction is reasonably assured. If, on the other hand, a considerable leucocytosis exists, say of 18,000 or more, together with an increase of fibrin in the blood, an inflammatory cause may be suspected. Still again, if together with the leucocytosis, some distortion in the form of the red blood-corpuscles exists, together with reduced hemoglobin and a small amount of pus and mucus in the feces, the diagnosis of malignancy is extremely probable. On occasion the differentiation of neuralgias, gall-stone and renal colic is extremely important. When unattended by inflammatory conditions, it will be found that under such conditions the blood is normal, or at least is not associated with sufficient change to indicate a specific pathological condition.

Time does not afford the opportunity of indicating, except in this very general way, the usefulness and extent to which this method of clinical investigation may be carried. It certainly opened up a new, large, very promising and very useful field of investigation, one, by means of which, we can still further hope to improve the methods of modern surgery. All of these methods of investigation which I have presented to you require a vast amount of time for their performance. They form one of the best reasons why modern surgery is best done in hospitals which now afford every facility for clinical investigation. The amount of technical requirements demanded of the modern surgeon are far different from those required of his immediate predecessor. Modern surgery is not an art to be assumed at once. It is a science which requires infinite painstaking, conscientious labor, and an amount of technical training not to be attained in



any post-graduate course of six months' duration in any school with which I am familiar.

There is an oft repeated formula that all surgeons should at least have five years' experience in the general practise of medicine before entering upon the practise of surgery. Nearly all the older surgeons have to an extent continued such a general practise throughout their careers. The demands of modern surgery will not permit of such a course. The recent medical graduate who determines upon a surgical career will perfect himself far better by a two years' service as a hospital intern in a well regulated hospital, taking all the services in course. This will afford him the opportunity of perfecting himself in clinical diagnosis including the usual pathological, urinary, blood and microscopic examinations. It will require his entire time to develop any important degree of proficiency in these departments. The two subsequent years may be profitably spent in laboratories for physiological chemistry, general and comparative pathology, bacteriology, anatomy and experimental surgery. These courses will of necessity be taken at large hospitals or universities where abundant material is offered for investigation. During this time his bedside experience will be necessarily limited but the advantages of an out-door service may be secured. He is now in position to assume an assistantship in the operating room of the surgical clinic and to begin the actual life work, and at the conclusion of another year is ready to assume the responsibilities of operative surgery for himself.

Such a course of post-graduate study faithfully pursued will give advantages that are inestimable. The highest order of work demands all these attainments. The modern surgeon must be equally at home at the bedside, in the clinic and in the laboratory. He must be able to direct if not conduct each department. They are dependent each part upon the other and require equal cultivation in order that the symmetry of the whole may be maintained.

### PROPHYLAXIS IN GYNECOLOGY.<sup>1</sup>

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AT this time, when the importance of preventive medicine is so keenly appreciated, less attention has been paid to this subject in connection with gynecology than might be expected, in view of the enormous strides which have been made in this department during the past ten years.

The question often suggests itself to the unprejudiced observer, whether the surgical activity displayed by modern gynecologists is deserving of unqualified approbation. The writer has frequently, in conversation with some of the older members of the profession, been asked why

it is that the majority of gynecological cases are now regarded as purely surgical; and, considering the great ingenuity displayed in the invention of new operations, why more time has not been devoted to an investigation of the best methods of preventing many of the pathological conditions within the pelvis. This question has suggested itself to the laity also. Every obstetrician is constantly asked by the sturdy mothers of a former generation why it is that the young women of the present day not only find parturition such a terrible ordeal, but after recovery from what may be regarded as perfectly normal labors, become subjects for the gynecologist, and are obliged to submit to reparative operations before they regain in a measure their former health. This admitted fact is really a confession of our own limitations. An old and estimable teacher and leader in our art stated several years ago that at least fifty per cent. of his patients were furnished to him by the obstetrician. He might have added at that time that twenty-five per cent. more represented the result of neglect on the part of parents and family physicians. The subject of the etiology of pelvic diseases is an old one. It is thoroughly discussed in the introductory chapters of every text-book. It is the first point which is impressed upon us as students. We are all familiar with the details, and yet the fact that there seems to be an increase rather than a diminution in the number of gynecological cases would seem to show that a proper application has not been made of observations which date back to the father of medicine himself. This is a subject which possesses even more interest for the general practitioner than for the specialist, since the former is in a position to prevent many of the ills which the latter is called upon to treat. I am glad that it has been brought before this society, because I feel that you have been satiated with surgical statistics and descriptions of operations. Brilliant as the results have been, I think you will agree with me that before many years have elapsed there will be a reaction against the prevailing notion that gynecology is synonymous with surgery.

The growth of preventive medicine has gone hand in hand with that of pathology and bacteriology, and it is only by clearly understanding the occult causes of disease that we have learned, as yet imperfectly, to prevent its development. The imagination can dimly picture the advances which may be made in the new century. Gynecology has not been behind other branches of medicine in regard to the intelligent application of pathological facts to surgical technic, but in the matter of prevention we are still open to criticism. Thanks to the improved system of medical instruction, the general profession is able to grasp clearly the truth that facts and not theories must underlie every permanent system of teaching. The time has passed when any teacher can expect his students to accept without criticism a theory which he has carefully elaborated in his library. They now believe only what they can see.

<sup>1</sup> Read at the ninety-fourth annual meeting of the New York State Medical Society, held at Albany, January 30, 31, and February 1, 1900.



It is the purpose of the present discussion to present in a practical way the main facts of prophylaxis as applied to diseases of women. The part assigned to me is to introduce the subject by indicating in a general way the topics to be treated by the speakers who will follow.

It is a trite saying that the general practitioner makes the best specialist. Certainly a man who has spent several years in general practise is best qualified to take a fair and broad-minded view of a special subject. It is the well-known tendency of specialists to attach undue importance to single symptoms and, in their anxiety to discover some lesion of the organs in which they are especially interested, to lose sight of the intimate relation between those and the entire body. This is the reproach which rests especially upon gynecologists. For example, it would seem almost self-evident that retroversion of the uterus in a patient with general muscular atony, flabby abdominal walls, relaxed pelvic floor, and displaced abdominal viscera, is but a single indication of a general faulty condition. Yet it is only within the past few years that the condition known as enteroptosis has been generally recognized, and even now many gynecologists disregard Kellogg's dictum that the cure of retro-displacement is only the first step in a course of treatment intended to restore the general muscular tone. Again, the phenomena exhibited by many patients, especially pains over certain well-known regions, are often erroneously attributed to reflex disturbances arising from a prolapsed ovary, or a minor lesion such as a lacerated cervix, when they are really an expression of a general, rather than a local trouble. The subject of reflex neuroses has been an inexhaustible mine to gynecologists in the past, but, to continue the metaphor, it has been pretty thoroughly worked out. There are evident signs of a revolution on the part of the general practitioner against this tendency of specialists to extend the boundaries of their activity.

A proper comprehension of the causes of pelvic disease embraces an accurate knowledge of the normal anatomy and physiology of the pelvic organs and a study of their development from infancy to puberty, of the various sources of infection from without, and of morbid processes within. The attempt to divorce obstetrics from gynecology has often been made, but it is now clearly recognized that gynecic and obstetric surgery should go hand in hand. The best gynecologist, other things being equal, will be the best obstetrician, and *vice versa*. Consequently, a thorough acquaintance with obstetrical complications and accidents is indispensable for him who aims not only to carry his patient safely through the immediate dangers of parturition, but to discharge her at the end of the puerperal month as well as she was before. The study of that much-neglected subject, the climacteric, which receives so little attention in modern textbooks and lectures, is indispensable. When we

add to this a knowledge of the origin and development of malignant diseases, we have indicated, although only superficially, the range of subjects with which it is necessary to be familiar in order to understand the causes and prevention of pelvic disease.

It is hardly necessary to call your attention to the vulnerability of the female pelvic organs, since this is self-evident. Most of the former dangers which attended gynecological treatment, whether operative or non-operative, have been eliminated by the general observance of aseptic technic. But some still remain, and will continue to menace the health of women until some future age shall have discovered more efficient means of prevention than we now possess.

It is a hopeful sign of the progress of the times that the importance of preparing young girls for their duties and responsibilities is more clearly recognized than ever before. Thanks to the impetus which has been given to athletic sports, we may hope that the future wives and mothers will possess bodies more like those of their vigorous ancestors than the class from which we draw our patients. The perils which beset young married women from gonorrheal infection, pointed out long ago by Noeggerath, have been so strongly accentuated as the result of our thorough familiarity with diseases of the adnexa, gained at the operating-table, that we observe signs of a disposition to apply in this delicate and important question the same preventive measures which we are seeking to enforce in regard to tuberculosis.

Through the general application of the principles of aseptic midwifery the dangers of puerperal sepsis have become so minimized that it is not too much to expect that they may in time be completely eliminated, while we may confidently hope that under our modern system of medical instruction the importance of early operative interference in cases of delayed labor and the immediate repair of lesions of the soft parts will greatly reduce the number of patients who may require secondary operations. Of course, a certain class of pelvic diseases are, and doubtless long will be, unpreventable. It is only by a stretch of the imagination that we can conceive of some future discovery by which the origin and growth of benign neoplasms may be foreseen and prevented.

Malignant disease of the uterus is the *bête noir* of gynecologists, and still remains from a prophylactic standpoint as hopeless as ever. But who can prophesy what the future may have in store? With the inevitable discovery of the cause of cancer will come some way of preventing its development, or, at least, of arresting it in the incipient stage.

I have said that it is to the family physician that the question of prophylaxis is of peculiar interest. It is his privilege to watch the development of the young girl, whom he perhaps assisted into the world, whom he has guided safely through the perils of infancy and childhood to

the period which witnesses the change to womanhood. He, more than any other, is in a position to address to her mother, as well as to herself, words of counsel, to guard her against those numerous indiscretions, harmless in themselves, which are common in careless girlhood. The influence of careful diet, regulation of the bowels, the avoidance of errors in dress, violent exercise, exposure during menstruation—all these factors of disease are more or less within his control. He should see to it that mothers are not only thoroughly instructed themselves, but that they teach their daughters the importance of the sexual organs, the significance of the phenomenon of menstruation, and the future duties which lie before them. The question of marriage is one which is usually regarded purely from a sentimental standpoint. It remains for the medical counselor to teach his patients that it has a physical side as well. While no subject requires more delicate tact, certainly a proper regard for the future welfare of the young woman over whom he has watched so many years must lead him at times to proffer his advice, even when it is unasked. It is difficult to see how a conscientious physician could without a protest allow a young girl with serious uterine or ovarian trouble, with a fibroid tumor, with tuberculosis, or with marked cardiac disease, to enter into the matrimonial state, knowing the perils to which she will be exposed should she become a mother. Certainly here are opportunities in the direction of prophylaxis, the neglect of which is inexcusable.

The question of the prophylaxis of syphilis and gonorrhea in the female is one which, in this country at least, we do not seem at present to be in a position to handle by preventive legislation without encountering vigorous opposition. There is room for considerable difference of opinion as to how far the family physician is justified in endeavoring to prevent the marriage of a young girl unless he is possessed of the most positive evidence that she would be exposed to the danger of syphilitic or gonorrheal infection. Every gynecologist has seen too many sad instances in which men were permitted to marry, being assured by their physicians that they had entirely recovered from disease, when the terrible error was proved in the persons of their innocent companions. This whole subject is one which deserves our most earnest attention. We shall never succeed in eliminating the most serious and far-reaching cause of pelvic disease until we have applied to it the same principles of prevention that we have to other communicable affections.

Allusion has been made to the importance of the menopause in its relation to the etiology of pelvic disease and the slight attention which has been paid to it in lectures and text-books. A proper understanding of this peculiar condition, which borders so closely on the pathological, implies a review of the whole range of medicine as well as a study of mental diseases. Even in our

present enlightened age the climacteric is regarded too often as a necessary evil which can neither be averted nor mitigated, and that every woman in passing through it has, so to speak, to take her chances. So familiar a subject as the liability of tissues to undergo malignant degeneration after the period of sexual activity is still woefully neglected, as proved by the records of our hospitals which show that in the majority of cases of incurable carcinoma the initial symptoms were entirely overlooked by the attending physician under the impression that they were physiologic, rather than pathologic.

It would seem to be contrary to the spirit of this discussion to include surgical operations under the head of preventive medicine, yet often the wisest conservatism lies in the repair of injuries, not only because of the present symptoms to which they give rise, but with the view of averting future trouble. As a familiar example we may instance the amputation of a lacerated cervix which might become the seat of carcinoma after the menopause; or the removal of a fibroid tumor, which, although not affecting the patient's health, by reason of its increased growth at the time of the climacteric arouses the suspicion of possible sarcomatous degeneration.

One looks back with mixed feelings of wonder and horror upon the local treatment which was common twenty years ago. Considering the absence of cleanliness, not to speak of asepsis, the almost universal practise of inserting instruments into the uterus and in the office performing curettement, the removal of polypi, and even cutting operations (not to mention the barbarous practise, borrowed from our German *confrères*, of introducing strong caustics into the uterine cavity), the only wonder is that any woman escaped an attack of peritonitis. I venture to say that there are many excellent practitioners at the present day who regard the application of aseptic principles to ordinary office manipulations as quite unnecessary. So serious were the results attending the use of tents in pre-aseptic days that they have been largely abandoned. This is to be deplored, since, when properly employed, they are an invaluable aid to the diagnosis and treatment of certain intra-uterine conditions. Doubtless the true reason why certain minor ailments, such as catarrhal conditions of the endometrium, are now rarely aggravated by treatment, as was formerly the case, is that intra-uterine medication has been largely abandoned in favor of curettement under anesthesia. The fact that the attempt to replace adherent organs by forcible manipulation has been relegated to the heroic age of treatment is undoubtedly a distinct step in the direction not only of conservatism, but of prophylaxis. It has been so forcibly impressed upon the present generation of medical students that the endometrium is a highly vulnerable surface, that there is little danger that the old crude methods will ever be revived.

The early recognition and treatment of specific

infection, whether gonorrheal or septic, before it has extended beyond the uterus, is another advance in prophylaxis. Many women who in former days would have been treated by the old routine method of hot douches and the free use of opium, and if they recovered would have been permanently crippled through the extension of the infection to the tubes and peritoneum, are saved from this fate by early curettement. The whole trend of modern pelvic surgery is conservative, and what is conservatism but prophylaxis, the prevention of the manifold physical and mental disturbances with which we used to be so familiar when ovaries were indiscriminately removed on the slightest provocation? The recognition of the fact that the persistence of the ovarian function is necessary not only to favor conception, but by reason of its influence upon the entire organism, has gone far to remove the reproach which rested upon gynecologists. It may be said in general that we understand now more clearly than ever before the importance of the warning *nil nocere*.

In outlining thus briefly and superficially a field which will be covered by the readers who will elaborate each branch of this subject, I have been necessarily limited by the desire not to anticipate the views which they will develop in detail. As I stated at the outset, this subject must appeal to every practitioner of medicine. Whether he approves or disapproves of the surgical activity of the specialist, he will find ample opportunity to apply the principles of prophylaxis in his daily work.

We hear a great deal about the future woman. Her mental development does not concern us as physicians, but with regard to her physical improvement, her more perfect capability to discharge her duties as a wife and mother, it cannot be denied that an important duty devolves upon us. Under the complex conditions which affect her we cannot expect that she will develop the same robust physique and power of resistance enjoyed by her sturdy ancestors unless she is taught to recognize and to avoid those influences which threaten to undermine her health. The strain of mind and body necessary to meet the demands of modern society are so great that only the most careful training during girlhood and the most intelligent care after marriage can offset them. This is the province of the family physician, and he can have no nobler work. It will be fortunate if, as many believe, through a process of evolution, the family physician is destined to become extinct. The specialist can never take his place.

**First Aid to the Injured.**—The New York Society for Instruction in First Aid reports that since its establishment in 1882, 11,929 persons have received instruction, of whom 7188 passed the examination and received diplomas. Among these 800 firemen have received instruction, and all policemen in the probationary school take the course.

## THE ETIOLOGY AND PREVENTION OF UTERINE DISEASE BEFORE AND DURING PUBERTY.<sup>1</sup>

By W. GILL WYLIE, M.D.,

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THE etiology and prevention of uterine diseases is a subject which has interested me for many years. It has, in my opinion, been much neglected by gynecologists, although recently I have noticed that it is commencing to assume more prominence in connection with the broader subject of the prevention of diseases in general. I have always been interested in this phase of gynecological work. During the earlier years of my medical education I became interested in the study of diseases of women, and subsequently, during my service as an interne at Bellevue and the Woman's Hospital, where I studied gynecology under Emmet, Thomas and Peaslee, my inclination towards this speciality was naturally strengthened. As far back as 1882 I published a paper in the *American Journal of Obstetrics*, January, 1882, entitled "Observations on Lacerations of the Cervix Uteri," in which I referred at length to the etiology of this condition. In a paper on "Anteflexion of the Uterus; Its Etiology and Associated Pathological Conditions," published in the *American Journal of Obstetrics*, September, 1883, I again brought out more fully the fact that imperfect development was the real cause of the pathological conditions usually termed anteflexion of the uterus.

In order to thoroughly understand a disease, we must study etiology. When once you get the scientific facts regarding the etiology of a disease its prevention will be plainly indicated. In the paper first mentioned I called attention for the first time, as far as I know in a direct and practical way, to the fact that imperfect development of the generative organs is a most important factor in the causation of uterine disease. Almost ten years later, in the *Transactions of the American Gynecological Society*, for 1898, I published another paper entitled "The Influence of Imperfect Development of the Generative Organs as a Cause of Disease," in which I enlarged on this subject, and since then my views regarding it have undergone very little change.

Suppose we could take a number of men and women and treat them on the same principle as a horse-breeder treats his animals on a stock-farm. By selecting males and females who are physically well developed we could, in the course of time, produce a body of human beings who would be far superior, physically, to an equal number of human beings born promiscuously. Such a thing, however, is of course out of the question, but I believe that as scientific knowledge advances the physical condition of a man or woman will play a much more important rôle in the selection of a proper husband or wife. Good health and a good temperament in

<sup>1</sup> Read in the discussion on Prophylaxis in Gynecology at the ninety-fourth annual meeting of the New York State Medical Society, held at Albany, January 30, 31, and February 1, 1900.



a woman are more important than mere refinement or education. Even under existing social conditions, the family physician can do much to influence and benefit the unborn child. He can, as I have done, take charge of a delicate woman as soon as she becomes pregnant, and so regulate her diet and exercise and mode of life that her physical condition will be much improved, and this will have a decided influence on the child, even before its birth.

Up to the age of nine or ten years, girls and boys should be treated on the same general principles: they should be allowed the same freedom with proper restrictions as to their food, exercise, etc., and as nearly as practicable kept in good general health. They should not be permitted to overexert themselves mentally, or be subjected to excessive mental excitement by contact with older children. Chorea is a very common manifestation among girls of this age; these patients are usually pale and anemic, and when such a child is brought to me for treatment the first thing I do is to examine the clitoris. It is amazing how many of these patients can be entirely cured of their symptoms by practically circumcising the hood of the clitoris. A boy is rendered nervous and irritable by the presence of a long, tight prepuce and an analogous condition may exist in a girl, although it is perhaps not quite as common or severe, because the penis is a larger organ than the clitoris: still they are homologous, and are influenced in exactly the same way. The secretions underneath the hood of the clitoris may give rise to irritation which will cause the child to rub itself until erotic sensations are produced. I have in mind a child two years old, who in this way became habituated to what might be called a form of masturbation; the child was nervous and fidgety, and her mother informed me that she would not go to sleep at night until she had gone through this process of rubbing herself. I examined her and found a clitoris large enough for a girl of fifteen. The hood was adherent and granular and very hyperesthetic. It was removed. I have noticed that girls who are subject to catarrhal troubles in general are the ones most likely to have trouble with the clitoris. The secretions from this organ may drop into the ostium vagina, and if they are septic they may give rise to a very persistent vaginitis much like a gonorrheal infection. By operating on the clitoris you will cure the vaginitis. I remember a girl nine years old who had been treated by a prominent gynecologist for two years for a supposed vaginitis which always returned when the irrigations were stopped. Upon examining the child I found that a dirty, creamy, septic material, which came from underneath the hood of the clitoris, was the cause of the trouble. When the clitoris was freed the vaginal irritation and discharge ceased.

The treatment of these cases is extremely simple. It consists of freeing the clitoris and keeping it free. I do not mean that you are

simply to push back the hood of the organ and tell the mother to take care of it; she will not do it. These patients can be permanently relieved by a very simple operation, which was devised by my brother, Dr. Robert H. Wylie. The operation is preferably done under ether, because after injections of cocaine the connective tissue becomes puffed and swollen and interferes with the completion of a neat plastic operation. Briefly, the operation is as follows: The clitoris is covered by a hood, which runs up from the labia minor. This hood is loosened and then divided with a pair of scissors up to the corona of the gland. The incision is made longitudinally, but on account of the tension of the tissues it immediately becomes a transverse cut. Two or more sutures are then put in, one or more on either side of the gland, and the edges of the wound sewed together. This pulls the hood to one side, and the head is exposed all the time. The operation is extremely simple to perform, and the wound can easily be taken care of by anyone.

I now wish to say a few words about girls a little further advanced in years. Between the ages of ten and eighteen years the change from girlhood to womanhood takes place. Anything which affects the general health of a girl between those years unquestionably produces a deleterious effect upon the generative organs if it continues for any length of time. I am perfectly satisfied that for a young girl to develop into a young woman she must have not only a sufficient amount of vitality to use for muscle and brain, and for the performance of the ordinary functions of the body, but she must also have a surplus, a reserve force, so to speak, otherwise the generative organs will surely suffer. The generative organs of a girl nine or ten years old are very much as they were when she was two years old; the circulation in these organs is inactive and their development is slow up to about the age of ten, but from that time on they rapidly develop and this requires a certain amount of vitality over and above what is needed or used up by the other organs. They are the last organs to develop, and, as we know, they are not essential to the life of the individual; a woman can get along very well without them, and if she has not a sufficient amount of vitality, those organs will be the first to suffer. I am sure that diseases of the womb are more common among the better class of women, where intelligence, money and sometimes doctors interfere with the law of survival of the fittest, at least in this country, than in any other. Some European writers, basing their assertion upon the number of gynecologists we have here, have even claimed that most American women must have uterine disease, but this I do not believe. Among the better classes, however, imperfectly developed uteri are very common. The reason for this, I believe, is that in this country the girls, during their developmental stage, are not restrained in their studies, as English girls are, and are thrown more into

company with grown people, their general education and knowledge of the world is greater than young women in other countries. They are sent to school when eight or nine years old, and between that age and seventeen or eighteen are supposed to acquire all the technical knowledge they are to have during life. Our young girls are pushed too hard at school; they do not have sufficient freedom out-of-doors. Their mental condition is developed at the expense of the physical, and during those very years the generative organs suffer most. If we permitted our young girls to lead quiet, healthful lives and would not try to educate them too early to act like grown people they would develop better physically as young women in England and other countries do. After puberty their minds could be better developed than by hard and exciting work during the important period of physical development.

Generative organs which have remained undeveloped or have only partially developed readily become the seat of disease. Catarrhal troubles are apt to attack the organs, because the circulation is imperfect. These patients often suffer from a slight leucorrhœal discharge, even before menstruation begins. Then, with the advent of that function, there will be pain, perhaps from the very first menstruation, or coming on soon afterward. This reacts on the general nervous system, digestion and assimilation become impaired, the general health becomes worse and this reacts again on the local condition. These young girls suffer from anemia, from uterine polypi and hyperesthesia of the mucous membrane of the uterus. Suppose such a girl marries: if the uterus has developed sufficiently, she may become pregnant, but if the changes have progressed sufficiently she will probably remain sterile. Suppose pregnancy has taken place, however, and the case progresses to term. You cannot expect such an imperfectly developed organ to dilate as fully and allow the head to pass as readily as would be the case in an organ normally developed. A tear will almost certainly occur followed by its usual train of evils, such as subinvolution, displacements, inability to take exercise, chronic constipation, etc., all arising from the imperfect development of the uterine organs.

*Functional Disease of the Ovaries.*—In many of these cases not only the uterus, but also the ovaries are imperfectly developed, and the function of ovulation is imperfectly performed. This results in many cases in the production of the so-called "microcystic ovaries," and on this account thousands of women have had their ovaries removed when there was no necessity for it. Such a woman, perhaps, complains of dysmenorrhea; she has dragging-down pains in the pelvis and symptoms of uterine disease; upon examination the surgeon finds that her ovaries, one or both of them, are as large as lemons and may be prolapsed; he tells her that she has disease of the ovaries and removes them. That woman

stops menstruating and her whole life is to a certain extent ruined. Such operations are being done every day. Every month I see three or four such cases. Sometimes these operations are done by an eminent surgeon, but more frequently by young men. I recently saw a case where a young surgeon removed both ovaries, which were in this so-called microcystic condition, and the Fallopian tubes were not even enlarged. Any disease which attacks these tubes enlarges them. Any man who removes these tubes where the fibriated extremity is not completely occluded is making a great mistake. I do not know of any disease of the tubes which would justify their removal unless the fibriated extremity is occluded by adhesion, unless it be a new growth. In the case I have just referred to, the patient, a young married woman, was brought to me some months after the operation. She was then having all the symptoms of an abnormal menopause, hot flashes, etc., and the contraction of the atrophied uterus was causing nervous symptoms which were ten times more severe than if the ovaries had never been taken out. That is simply one case of the many where microcystic ovaries have been removed without cause. These operations are now being done very frequently by general surgeons in general hospitals, and I claim that in every instance such castrations are done on insufficient grounds. Women lose their ovaries and men make grave mistakes without really knowing it. To remove a young woman's ovaries simply because they are large would be just as senseless as it would be to remove the stomach because it is distended by gas. There is simply a functional disturbance, and there is no necessity for removing them. Give her proper general and local treatment and these cysts will cease forming, ovulation will become normal and impregnation possible. As for curing dysmenorrhea or excessive uterine hemorrhage by taking out the tubes and ovaries, a method of treatment which is even nowadays taught, that is entirely uncalled for. Dysmenorrhea or any uterine hemorrhage, except from cancer, can be cured usually by simple treatment and without the removal of any organ whatever.

The local examination of young unmarried girls should be avoided, if possible. When such an examination becomes necessary I have made it a rule for many years to make it under ether, and I prepare myself beforehand to perform at the same time any *simple operation* which may be indicated, such as curetting, or the removal of uterine polypi, or freeing the head of the clitoris, as already described. In cases of violent dysmenorrhea, where the patient has become accustomed to take morphine or gin to relieve her pain, I resort to free divulsion of the os and put in a drainage tube for ten days or a longer time. I have examined hundreds of young women under ether so that they remained practically unconscious of the fact. The hymen can be gradually dilated instead of cutting or injuring it, and a few months later no one could tell that it

was ever touched. One intelligent treatment under either is worth many weeks and months of the usual haphazard methods of treating these patients.

*The Habit of Constipation.*—Next to over-seeing the general health, and the application of the necessary local treatment, perhaps the most important factor is the regulation of the bowels. Women, as a rule, are very negligent in this respect, and young women especially so. Their constipation is due to their sedentary habits, to the fact that they do not drink enough water and perhaps to shyness about visiting the closet when there are men in the household. The movements of the bowels occur at irregular hours, and gradually these girls become habitually constipated. In my opinion, the impaction of feces and accompanying straining at stool is a more important factor in the production of uterine displacements than falls or any form of physical exercise that a woman can take. More good can be done by correcting the habit of constipation or rather preventing its formation than by anything we can do for her during menstruation. Very little is said on this subject in the text-books in spite of the fact that it is such a common and so important a factor in the causation of uterine trouble. If we can educate a woman to properly regulate her bowels we have accomplished a great deal. I regard it as one of the most difficult things which gynecologists have to do.

*Dress of Young Girls and Women.*—The modern costumes of women, especially among the well-to-do classes, is and has been bad for many generations. It obstructs freedom of action and lessens the good effects of wholesome exercise. Lacing is especially bad. I am sure its bad influence on the lower ribs and certain organs is more or less transmitted from mother to daughter, that is, abnormally small waists, with defective lower ribs and muscles of the chest are more common among those whose parents for generations have worn corsets and the accompanying restraining costumes; and it is largely in this class that we find loose kidneys, prolapsed and dragging stomachs, omentums and intestines and small ante flexed uteri or retroverted imperfectly developed generative organs. Many of this class do not need to lace to have a small waist, for they either inherit it or they have failed to develop to normal proportions these important tissues and organs, by freedom of action and normal, invigorating exercise out of doors, etc.. If a girl's general health is kept good and she is allowed or taught to take a normal amount of free exercise and does not wear corsets or restrain by pressure the lower ribs and abdominal muscles, until she is fully developed, say at eighteen or twenty, corsets do little harm without giving great discomfort. Whereas, if worn before development is completed, while the tissues are soft and yielding, the bad effects are induced so gradually that even truthful girls will declare they never lace; for in a large measure they unconsciously restrain and prevent nor-

mal development. Therefore, without doubt, many cases of uterine disease would be prevented if women wore costumes that gave the same freedom from restraint to normal action of the whole body as that of the dress of the average man of to-day.

Should a young woman rest during menstruation? I would say yes if rest is indicated by symptoms, such as pain, excessive flowing, dragging sensations when up and about her usual vocations, but normally developed girls in good general health do not have these symptoms and in my opinion are not benefited by rest in bed or their rooms, nor even by confinement to the house during menstruation. Until girls are fairly well developed and the function of menstruation is pretty fully proven to be normal, a certain amount of care should be enforced as to severe or trying exercise or work of any kind. Of course, more care should be given to delicate, imperfectly developed young women, but in my opinion it is wrong to regard normal menstruation in a healthy woman as a sickness and that little good, and sometimes harm, comes from keeping girls indoors under unnecessary restraint. I protest against the use of hot gin and other stimulants for pain during menstruation, and especially against the use of opium, particularly the ready use of the hypodermic injections of morphine at such times. Too much reliance on tonics and drugs merely upsets the digestion and further delays full, normal development and may make local treatment a necessity. In girls under sixteen or seventeen years of age, with rare exceptions, the disorders of menstruation can be cured by freedom from enforced study or indoor life, and mental and emotional excitement, with plenty of good, wholesome food, out-of-door exercise and diversion by contact with children as young or younger than themselves. Laxatives and sometimes partly digested or easily assimilated food, and occasionally iron or some simple tonic, such as olive oil, cod-liver oil may be useful. But to give medicine and keep these patients under the same mental and physical environment certainly does not prevent disease of the generative organs, but rather tends to insure their falling later into the hands of specialists; the frequency of which event in a measure accounts for the craze of all young doctors to take up the specialty of operative gynecology.

#### PROPHYLAXIS IN GYNECOLOGY: OBSTETRICS.<sup>1</sup>

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WE venture to affirm that a large proportion of cases that apply to the gynecologist for relief of crippled pelvic organs owe their invalid condi-

<sup>1</sup> Read in the discussion on Prophylaxis in Gynecology at the ninety-fourth annual meeting of the New York State Medical Society, held at Albany, January 30, 31 and February 1, 1900.



tion to mismanagement or avoidable accidents of the pregnant, parturient, and lying-in states.

We venture further to affirm that this large class of invalids, who owe their condition to careless and unclean obstetrics, can be greatly reduced, if not practically done away with, and that the remedy is to be found not in the preaching, but in the practise of clean and conservative obstetrics. That a careful attention to prophylaxis on the part of the obstetrician is of value not only in anticipating and warding off many of the dangers of pregnancy, labor and the puerperium, but also in preventing many subsequent disabilities of a gynecological nature, admits of no question. Nowhere more than here does the old maxim, that prevention is better than cure, find truer application. The ground to be covered in any proper consideration of the subject is so large, and the time at our disposal so small, that we must content ourselves with briefly reviewing some of the salient points, especially those which have impressed themselves upon us as being of practical value.

The subject may be conveniently considered under three heads: (1) As it relates to pregnancy; (2) as it relates to labor; (3) as it relates to the puerperium.

(1) *Pregnancy*.—There is relatively little we can do during pregnancy which will have a direct influence in the prevention of subsequent uterine and pelvic trouble. Attention to the general health, however, *e.g.*, the prevention of constipation, the proper treatment of coexisting anemia, moderate exercise in the open air, suitable clothing, especially the avoidance of constriction about the waist, in a word, a good hygiene of pregnancy is undoubtedly of prophylactic importance in two ways:

(a) By providing the patient with healthy blood, one of the best of germicides, and thus, perhaps, forestalling or minimizing the effects of septic infection; (b) by increasing the muscular and the general nutrition, factors of undoubted importance in the prevention of subsequent subinvolution of the uterus and adnexa.

Every pregnant woman should be impressed with the importance of placing herself under the care of the physician who is to attend her as soon as she shall become aware of her condition. It would be wise to give to such a patient early in gestation some simple directions, either verbal or printed, embracing advice regarding exercise, clothing, diet, care of the bowels, skin, kidneys, breasts, teeth, and the danger signals of approaching complications. There can be little doubt that not only patients, but their advisers, are too prone to consider this as a period of invalidism, and to forget that it is a physiologic process. One of the important results of this view is the neglect of muscular exercise, especially in the higher walks of life where the desire to escape observation and the fears inspired by false views lead to the neglect of even the little exercise, *i.e.*, walking; to which the patient is accustomed, and the consequent weakening of the

whole muscular system. Now just the opposite should be the case. The strain imposed upon the muscular system by the requirements of labor is a severe one, and should be forestalled by the cultivation, as far as possible, of muscular strength. Time and space do not permit us to enter into detail nor is it necessary; for, the general principle being appreciated, the individual practitioner may be trusted with its application to the particular case.

In the effort, however, to secure a proper hygiene of pregnancy, we should not forget the danger of overexertion; and this brings us to the consideration of one point which we believe to be of especial and direct prophylactic importance. We refer to the avoidance of everything which increases intrapelvic pressure and resulting pelvic congestion.

An improper or insufficient diet during pregnancy can hardly be considered as a direct factor in the production of uterine disease. Acting, however, to produce a lowered vitality, it is doubtless an indirect factor in the production of subinvolution and the evils which follow. There has as yet been little evidence advanced to show that in cases of normal pregnancy any special kind of diet is of importance, nor is it antecedently probable. A mixed diet sufficient in quantity to meet the often increased appetite of the patient is probably the best. Important modifications of diet are, of course, imperative in threatened albuminuria, vomiting of pregnancy, and other morbid conditions, but these need not be considered here. The studies of Prochownik and others with reference to the prevention of dystocia by a restricted diet, and those of Schenck with regard to the determination of sex by an analogous method are chiefly important from the standpoint of pure obstetrics.

(2) *Labor*.—While in the management of pregnancy we can, as a rule, act only indirectly as far as gynecological prophylaxis is concerned, we can in the management of labor do a great deal which is of positive and immeasurable benefit to the patient in preventing subsequent serious and perhaps life-long disability. And we may subserve brevity and clearness by dividing this part of our subject into three parts, as follows: (a) Limiting the duration of labor. (b) The prompt surgical treatment of traumatism, the result of labor. (c) And most important of all, the observance of strict asepsis.

(a) That a labor prolonged beyond the limits of safety is of itself the cause of subsequent local trouble is, of course, well known. This statement is applicable to all kinds of abnormal labor, but perhaps finds its best application in cases in which local sloughing of the maternal parts is caused by prolonged pressure of the fetal head. Vesicovaginal fistula at once suggests itself in this connection. And this brings us to the fact that maternal lesions may be the result not only of the premature or unskilful use of the forceps, but also of undue delay in their use. To lay down exact rules, as some have attempted to do,

as to the time which should be allowed to elapse before the application of the forceps without reference to the individual case, is, of course, wrong. Many other circumstances must guide us here. But it is safe to say that when with good uterine contractions the head remains stationary, the danger of injury to the maternal soft parts becomes an important factor. A similar danger also arises from too prolonged efforts to retard the passage of the head through the vaginal outlet in order to prevent laceration of the perineum. We refer here not only to the dangers arising from prolonged pressure, but also to permanent relaxation of the muscular structures of the pelvic floor with resulting disability.

(b) It should be the aim of the obstetrician to leave his patient in at least as good condition as that in which he finds her, and no man should attempt the care of the lying-in patient who does not understand not only the ultimate results of the more common lesions of the genital tract which may accompany the parturient act, but also the methods of their repair. Not long ago when trachelorrhaphy was a very common operation and when the importance of cervical lacerations with reference not only to the etiology of cancer, but of various lesser troubles, the immediate suture of cervical lacerations was advocated in many quarters. With the advent of more correct views, however, the majority of obstetricians do not favor the immediate repair of cervical lacerations except when required by severe hemorrhage. The danger of sepsis is by no means inconsiderable.

The importance of the immediate repair of all lacerations which endanger the muscular structures of the pelvic floor is now generally recognized. An external inspection of the parts is by no means sufficient, since a severe laceration involving the levator ani may exist without any external sign. A word of caution is necessary with regard to the details of the operation. Too often the operator simply restores the parts to their former appearance without uniting the torn muscular structures. Nor should the danger of sepsis be forgotten, especially when operating high up in the vagina. There is always a slight risk of infection and many a case of puerperal sepsis has had its origin in a perineorrhaphy done without careful antiseptic precautions.

(c) Most important of all in connection with prophylaxis during labor is rigid attention to asepsis and antisepsis. The importance of septic infection as a factor in the production of uterine and pelvic disease is too evident to need comment. One fact, however, we desire to emphasize, *vis.*, that what is called antiseptic midwifery, while it has enormously decreased the mortality from puerperal infection, has by no means had a corresponding effect upon the morbidity. We are too prone to consider only mortality in our results and to pass over entirely the question of morbidity. Even to-day the influences upon morbidity, the ultimate consequences

of a mild puerperal process, are too apt to pass unrecognized by the obstetrician, and the case passes into the hands of the gynecologist for the cure of chronic uterine and periuterine inflammation, which had its origin in an unnecessary if not careless vaginal examination. We hear much of a lowered mortality, and little or nothing of a reduced morbidity.

(3) *The Puerperium.*—Here, while we can not be so aggressive in our methods since the period of action has passed, there is yet much that may be accomplished in the way of prophylaxis. Perhaps as much in the way of combating old and foolish customs as in the introduction of new ones of our own. The all-important question at this time is: How best can we secure involution in the puerperal state?

It is during the puerperium that we should rivet our attention upon the prevention of subinvolution, and especially in cases following the premature interruption of pregnancy. Were closer attention given to this subject in practise the sequellæ of subinvolution, metritis, endometritis, retrodisplacements and prolapsus would be less frequently met with.

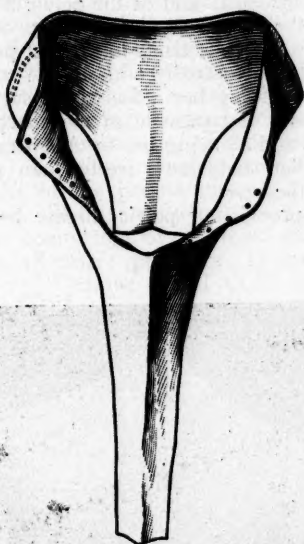
In addition to the familiar means for the prevention of involution, which we cannot do more than hint at here, a routine physical examination of every woman toward the close of the puerperium, and before she passes out of the observation of the obstetrician, is of the greatest value in the detection of slight departures from the normal process of involution, and in drawing our attention to them when amenable to treatment. Were some simple, orderly method of history-keeping of obstetric cases in private practise adhered to, this examination in the puerperium would readily become a routine, and give us valuable records for subsequent reference.

In the puerperium we find two principal factors predisposing to uterine displacement, increased weight of the organ together with relaxation of its supports. It is not strange, then, that the occurrence of displacements at this period should be brought about by causes which at other times would be quite insufficient. Among these we may mention the improper use of the abdominal binder. We believe that the binder, when properly applied, conduces to the patient's comfort, especially by permitting her to assume the lateral position, diminishes the danger from syncope from decreased intra-abdominal pressure, and promotes involution of the abdominal muscles. We would, however, protest against its being applied too tightly, believing that such an application, especially when combined with a prolonged dorsal decubitus, tends to cause posterior displacements of the uterus.

The practise of keeping the patient upon the back for a long period also favors posterior displacement, and we believe that after the first day the lateral position should be advised. This position also favors asepsis by promoting the discharge of lochia from the vagina. For several years past we have taught our nurses and stu-

dents to insist upon a "rotation of the patient" during the whole of the puerperium, meaning by this that the patient's position in bed during a given twenty-four hours shall be equally divided between the dorsal, abdominal, and right and left lateral postures. Many patients insist that they cannot sleep when lying upon their abdomen, or remain for any time in this posture. We have

Fig. 1.



View of Binder Open.

found, however, that with a little practise the habit can be readily acquired. We have counseled the practise of the abdominal posture in early pregnancy in anticipation of the lying-in state and its requirements.

Observation reveals many women who are unable to completely empty the bladder or bowel by the use of the bed-pan, and resulting pelvic congestion and pressure are thus favored. The difficulty could have been avoided had the patient been trained in the use of the bed-pan during pregnancy. Another remedy for incomplete bladder or bowel evacuation and a method which at the same time favors uterine draining is in permitting our patients to either sit upon the vessel placed in the bed, or upon a commode at the side of the bed, early in the puerperium for bladder or bowel evacuation. This has, in the past, been recommended by some in selected cases, and by others in all. In our observation during the past ten years of many thousands of cases confined in the tenements, we have never seen dangerous symptoms result from this practise, and yet the majority of the patients within six or eight hours of their confinement either sat upon a vessel in bed or at the bedside to pass urine.

The importance both to mother and child of the proper performance of the function of lactation is universally admitted. We would note,

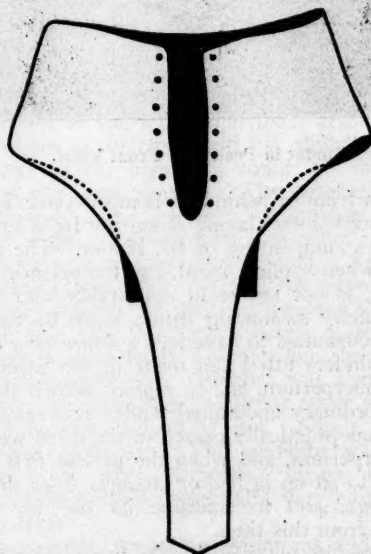
however, as bearing especially upon the subject in hand the influence of nursing in favoring uterine contraction and involution, and thus aiding in the prevention of uterine disease.

*Getting up too soon* and especially too early resumption of household duties are without doubt important factors in the production of displacements and even prolapse, particularly when delivery has been attended by some lesion of the pelvic floor which has been neglected, or improperly or unskillfully treated. Patients should, even after leaving the bed, spend a part of each day in the recumbent posture, and the occurrence of a backache should be regarded as a warning against standing or walking, and especially against any kind of work.

The importance of a routine examination of the pelvic contents and tonicity or sagging of the pelvic floor (levator ani muscle) at the completion of the puerperium cannot be overestimated. If this be made a routine, many minor derangements could be at this time corrected which if allowed to remain untreated would by time become aggravated.

Some ten years ago my attention was drawn to cases of undue pelvic floor projection (sagging of the levator ani muscle) and to patients with weak abdominal muscles, especially in women seen in private practise. At that time, at the suggestion of one of my first confinement patients, I first began the use of the pelvic binder to sustain

Fig. 2.



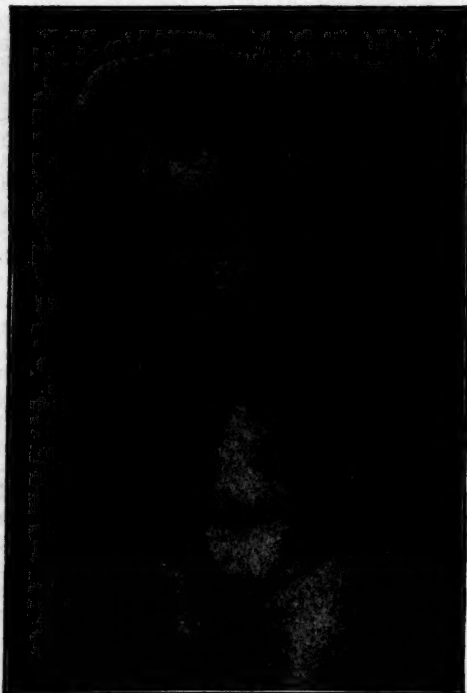
View of Binder Closed.

the pelvic floor and the lower portion of the anterior abdominal wall in selected cases for three months following the puerperium. The results obtained were so satisfactory that I soon used the pelvic binder in all cases. The binder is made of muslin, linen, mull, canton flannel, or



two thicknesses of heavy gauze, and as the illustrations show, is made to encircle the pelvis and lower abdomen at a level with the crests of the ilia, and to support the pelvic floor by means of a strap made of the same material, which passes between the thighs and, tightly drawn, is pinned

Fig. 3.



Binder in Position. Front View.

either in front or behind, as is most convenient.

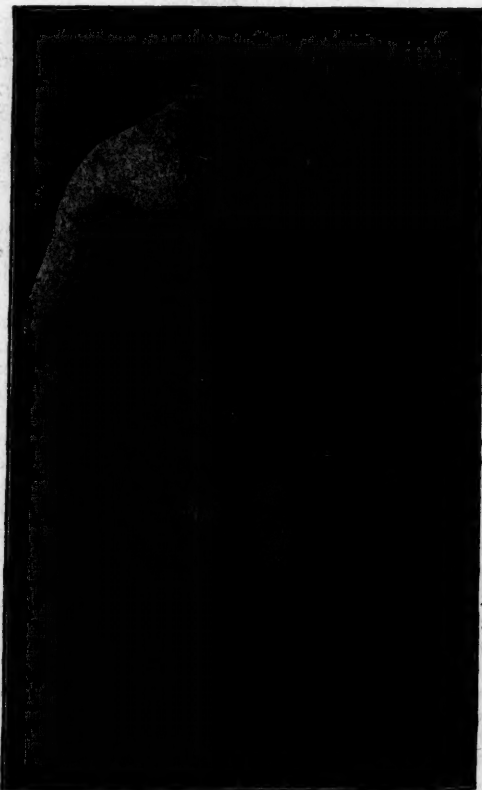
Ordinary corset lacing down the front or back secures a snug fitting of the binder. The pelvic binder when applied, laced, and the perineal band secured, is not unlike in appearance and shape the ordinary swimming trunks worn by bathers. I am accustomed to have half a dozen or a dozen pelvic binders fitted and made in the latter part of the puerperium, and to replace with it the use of the ordinary abdominal binder as soon as the lochia has practically ceased in the third week of the puerperium, and when the patient first commences to sit up in bed or changes from the bed to lounge, and to continue its use for three months from this time.

The results obtained by the use of this pelvic binder have been more than satisfactory. Its benefits have been readily appreciated by my patients themselves, some having used it after as many as three confinements. (1) It prevents or corrects undue sagging of the pelvic floor. This is especially noticeable in cases where, during labor, the levator ani muscle has been subjected to severe or prolonged pressure, as in disproportion be-

tween the head and the outlet, in breech presentations, in forceps or craniotomy cases, or prolonged labor near the termination of the second stage from any cause, in severe lacerations with bad union, and in cases where the levator ani is torn and the perineum remains intact. (2) It assists in the ultimate union of severe lacerations of the pelvic floor which have been repaired. (3) It preserves the woman's figure after confinement by its support of the lower anterior abdominal wall and of the pelvic floor. (4) It lessens the danger of displacements of the pelvic contents. (5) It tends to prevent pelvic congestion. (6) It usually adds to the comfort of the woman, giving her a feeling of security and cinal methods of treatment of the puerperium in well-being and allowing her to obtain needed exercise earlier and more freely than otherwise would be the case.

Unless preexisting pelvic disease be present,

Fig. 4.



Binder in Position. View of Back.

with the use of this pelvic support we rarely see the danger signals of pelvic congestion, namely, backache and symptoms of irritable bladder.

What place have drugs and various non-medicinal methods of prevention of subinvolution and subsequent

gynecological conditions? During the past ten years we have experimented with various methods of management of the puerperium, with the object in view of determining, if possible, the best treatment for the prevention of subinvolution and subsequent gynecological conditions. A record blank was adhered to in all cases, and as accurate and careful records as the circumstances permitted were kept, and in a large proportion of the cases the examination upon a given date of the puerperium, and the measuring of the depth of the uterine cavity were made by the writer.

Observations were made as follows: (1) No medication during the puerperium: Primiparae, 22 cases; multiparae, 21 cases; total, 43 cases. (2) Strychnine during the puerperium: Primiparae, 48 cases; multiparae, 55 cases; total, 103 cases. (3) Strychnine during the last two or three weeks of the pregnancy and during the puerperium: Multiparae, 30 cases. (4) Ergot (3ii) after completion of the third stage only: Primiparae, 18 cases; multiparae, 13 cases; total, 31 cases. (5) Quinine (gr. ii. t.i.d.) during the puerperium: Primiparae, 22 cases; multiparae, 23 cases; total 45 cases. (6) Posture in bed, (a) mostly dorsal; (b) posture equally divided between dorsal, right and left lateral and abdominal. (7) Evacuation of bladder and rectum, by (a) catheter and bed-pan, and (b) early use of the vessel or commode. (8) Vaginal douches, (a) none at all, (b) one after the third stage, and (c) daily douches during the puerperium.

We are not prepared at this time to give the full results of our observations other than to state the favorable influences of (1) strychnine administered both in the latter part of pregnancy and during the puerperium; (2) the advantages of a "rotation of the puerperium" as regards posture during the lying-in state; and (3) the advantages of an early use of the vessel in bed or the commode at the side of the bed early in the puerperium, in hastening involution, favoring uterine drainage, and in the avoidance of pelvic congestion.

20 East 24th street.

## CLINICAL MEMORANDUM.

### DIAGNOSIS OF A CASE OF CEREBRAL TUMOR; OPERATION.

By O. M. STEFFENSEN, M.D.,  
OF CHICAGO, ILL.

THE patient, a man thirty-two years of age, occupation farmer, had been suffering for three years. The first intimation of any trouble appeared at the death of a relative, which event distressed him considerably. At that time he was conscious of a dizzy sensation, which persisted for one and a half hours, followed by a numbness in the right upper extremity, also complete aphasia, which lasted only a few moments. A slow oscillating movement of the right arm was noticed for eight hours, during

which time a severe frontal headache was present. The patient then seemed quite well for one and a half years, when a numb sensation flashed through the right forearm, followed in three hours by a severe frontal headache which subsided ten hours afterwards. The patient again seemed normal for six months. One morning, six flashes of numbness were felt during a period of three hours, followed by frontal headache. During the afternoon the patient gave a cry, passed into a tonic, followed by a clonic, convulsion, and then remained in a stuporous condition for twelve minutes. Unconsciousness prevailed during the spasm. Headache was present for three days following this. Last January vomiting of the projectile type manifested itself and recurred about every two weeks and was accompanied by severe headache in the frontal region. The vomiting persisted five minutes, the headache one to three days.

In July an attack began, as usual, with vomiting on the first day, followed by headache. On the third day lateral nystagmus was observed for five minutes, succeeding which an outward deviation of the right eye was noted. Diplopia was present for three weeks. In the month of August fourteen vomiting spells occurred in one day, the spasms being about one hour apart. Following these the patient passed into a rigid condition lasting twenty-four hours. During this state the eyes and mouth were tightly closed, hands clenched. After this he was able to speak and act; he also declared that he could hear perfectly well during the rigid state. Subsequent attacks consisted of vomiting and headache only. Sight was gradually failing.

Upon examination of the patient partial iridoplegia was found. Fingers could be counted at nine inches in the left visual field, and only at three inches in the right field. A slight external deviation of the right eye could be detected. Choked disc was present. The patellar reflex was present in the left leg, but entirely absent in the right. Considerable movement in the right arm was present during sleep. Agraphia and aphasia were both present, but appeared to be mainly sensory in character inasmuch as the patient was able to repeat words quite well, although to name many objects when shown him was an impossible act. Writing was also possible when the form of a particular letter was described to him, otherwise not. Alexia was a prominent symptom. The appetite was fair, bowels were very sluggish. Urine normal. Mentally the patient presented a very stupid and listless state.

Based on the preceding symptoms and examination, a diagnosis of tumor in the region of the angular gyrus on the left side was made.

On the 25th of November the case was operated on by Dr. L. D. Rogers, and a tumor weighing three ounces, seven inches in circumference, was removed. The growth extended down into the cerebral tissue for a distance of three and a half inches, involving the angular, supramar-

ginal and the base of the first temporosphenoidal gyri. The patient survived two hours after the operation, death resulting from shock and hemorrhage.

## MEDICAL PROGRESS.

**Insanity and Pelvic Lesions.**—A. T. Hobbs (*Am. Jour. of Obstet.*, Jan., 1900) considered the relation between pelvic lesions and insanity and gives some very interesting statistics. Of 800 insane women under observation 220 were examined, and in 188 of these distinct lesions of the pelvic organs were found. There were 371 lesions diagnosed in the 188 cases. These 220 women were selected for examination as possible cases of pelvic disease, which fact accounts for the great number of lesions found in the cases. Up to date the writer has operated upon 173 of these cases, performing a total of 311 operations, as follows: Curettage, 131; trachelorrhaphy or amputation of the cervix, 53; Alexander's operation, 37; ventrosuspension of the uterus, 13; perineorrhaphy, 27; ovariectomy, 22; abdominal hysterectomy, 14; vaginal hysterectomy, 9; myomectomy, 3, and celiotomy for tubercular peritonitis, 2. The result of this work was an improvement in general health in many cases, and a wonderful improvement in, or a complete restoration of the mental functions. Of these 173 cases operated upon, 73 recovered mentally; 41 improved mentally; in 55 the mental condition was unchanged, and 4 died. Thus 114 were benefited not only physically but mentally by the operative treatment. As to the relative influence of the various lesions in maintaining or causing mental disturbance it was found that (1) after the removal of ovarian or tubal disease in 24 cases, 15 became sane and there was an improvement in 4; (2) after correcting disease of the lining, body, or neck of the uterus in 72 cases, 33 became sane and 14 were improved; (3) correcting retrodisplaced and prolapsed uteri in 47 cases was followed by mental recovery in 17 and improvement in 12; (4) removal of tumors, malignant and benign, in 20 cases was followed by 6 recoveries and 8 improved; (5) repair of injuries to vagina in 10 cases resulted in 2 recoveries and improvement in 3 cases. Thus it is seen that fifty per cent. of the cases of inflammatory utero-ovarian disease operated upon recovered mentally; thirty-six per cent. of utero-ovarian displacements recovered, and twenty-six per cent. of utero-ovarian tumors and vaginal lesions recovered. From this the writer concludes that organic lesions are the most prominent factors among pelvic lesions in causing insanity, and that displaced organs come next and tumors last. Six cases are cited in detail as illustrative of the rapidity of mental convalescence after operations on the pelvic organs. It would seem that diseases of the reproductive organs are marked factors in the etiology of insanity.

**Operation for Gastroptosis.**—Several operations have been proposed for the treatment of gastroptosis. Gastro-enterostomy and various means of infolding the anterior wall of the stomach by a single row or many rows of sutures have been advocated. Rovsing has hit upon a method of suturing the stomach to the anterior wall of the abdomen at the same time that he puckers it upon itself. He does this by making a median incision, stretching the lips of the wound apart, and passing the needle first through one side of the wound, then with it catching up several points of the anterior wall of the stomach and finally bringing it out through the other side of the abdominal wound. Several sutures passed in this manner will not only shirr up the anterior wall of the stomach, but will hold the whole organ firmly up in its place, and so help it to empty itself. Two of three patients operated upon in this manner recovered their normal weight promptly. The third, whose symptoms had lasted for four years and who had wasted from 140 pounds to less than 60 pounds in weight, improved for a few days after the operation, and then died without reaction seven weeks later, an illustration of the serious character of gastroptosis if allowed to go too long, for no other pathological lesion could be found to account for the death of this patient. (*Arch. f. klin. Chir.*, Vol. 60, p. 812.)

**The Female Bladder.**—As given in text-books, the measurements and capacity of the female bladder have been ascertained by post-mortem examination, by distention to discomfort by urine or other fluids, and by other inexact methods. G. L. Hunner and I. P. Lyon (*Bull. J. Hopkins Hosp.*, Dec., 1899) have used new methods in their investigations. All their measurements were made upon living women in the knee-chest posture, with the rectum, vagina and bladder distended with air. No discomfort was felt by the women during examination and, therefore, there was no resistance either voluntary or involuntary. The average atmospheric distention capacity of the female bladder, and the actual internal measurements from the internal urethral orifice to certain chosen points on the walls of the bladder were the chief points investigated. The woman was placed in the knee-chest position and the rectum, vagina and bladder were allowed to dilate with air. A close-fitting catheter was then introduced into the bladder and a long, soft rubber tube attached to its external end. The rubber tube was then closed by a clamp and the woman carefully rotated from the knee-chest to the dorsal position. The rubber tube was then put into a deep vessel of water and from below upward into an inverted graduated glass cylinder completely filled with water, and held in this position. The clamp on the rubber tube was then removed and all the air in the bladder expressed by the ordinary gynecological bimanual method. The air thus expressed was collected in the glass cylinder, displacing from



above downward an equal amount of water, and by reading off the amount on the graduated cylinder the exact air capacity of the bladder was obtained. To test whether all the air was thus removed from the bladder it was flushed by means of a double-barreled catheter with boric solution, and any remaining air forced out and collected for measurement. In 25 women the average bladder capacity was found by this method to be 303 c.c., the minimum being 160 c.c. and the maximum 545 c.c. In 22 cases the fluid capacity of the bladder was measured with boric solution, the average being found to be 429.7 c.c., the minimum 210 c.c., and the maximum 840 c.c. The average fluid capacity was, therefore, more than one-third greater than the air capacity. Measurements for both fluid and air capacity were made both with and without anesthesia, and found to be greater with anesthesia than without. The bladders of nulliparæ had a greater capacity for both air and fluid than those of women who had had children. Internal measurements of the bladder distended with air were made, from the internal urethral orifice to (1) the vertex, to (2) the posterior wall, to (3) the left lateral wall, and to (4) the right lateral wall. The average measurements obtained for these four points were: To vertex, 7.14 cm.; to posterior wall, 5.77 cm.; to right lateral wall, 5.92 cm.; to left lateral wall, 6.70 cm. The symmetry of the bladder is shown by the greater average distance to the left lateral wall and is due to the fact that the rectum is found more commonly on the right than on the left in women, and when distended pushes the bladder to the left. The uterus also assists in causing this asymmetry. The average length of the urethra in 17 cases was found to be 3.3 cm., the shortest being 2.7 cm., and the longest 4.2 cm. Some drawings illustrate the methods used.

**Orthoform.**—A. Luxenburger (*Münch. med. Woch.*, Jan. 9, 1900) reports favorably upon orthoform and thinks the time has come to give it a definite place in the materia medica. Besides its main property, that of a local anesthetic on wounds and ulcers, orthoform possesses a marked power of inhibiting the growth of streptococci, staphylococci and other pyogenic micro-organisms. It is not easy to say to what extent true bactericidal activity is present; while the injection of one-twentieth of a c.c. of a pure streptococcus culture to which orthoform had been added ten hours before did not prove fatal to a rabbit, the author is not inclined to regard the drug as strongly antiseptic since a similar culture which had been exposed to the drug but five minutes was followed by the death of the animal on injecting. It was next of interest to ascertain if orthoform could be combined with the usual antiseptics without itself undergoing decomposition. Iodoform, dermatol, eucrophen and aristol gave negative results, so also calomel, salicylic and carbolic acids, lysol, cresol, lead-water, boric acid and aluminium acetate,

ichthyol, turpentine, iodine and copper sulphate. Bismuth subnitrate, potassium permanganate and silver nitrate on the other hand underwent chemical change with orthoform, while with bichloride of mercury and formaldehyde, a precipitation resulted which did not, however, sufficiently damage the orthoform to make it inactive. The anesthetic power of the drug in question appeared promptly after three to eight minutes, no matter what the character, location or size of the wound or ulcer. The pain may not reappear for hours or days, depending somewhat on the local conditions present.

**Chloroform Narcosis.**—Very interesting contributions have been made to the signs and symptoms appearing on the eve of asphyxia attending chloroform narcosis by Koblanck (*Centralblatt für Gynäcol.*, Jan. 6, 1900). In his article Koblanck states that he has rarely seen mentioned by any one of the numerous writers on the subject any reference whatever to the important athetoid movements of the fingers just previous to impending asphyxia in chloroform anesthesia. These movements are not, however, entirely confined to the fingers but occasionally are seen in the eyelids and eyeball and also in the wrist-joint. This symptom of athetosis is not to be confounded with the voluntary movements seen in the repelling motions made by the patient before full narcosis is obtained; it is only when complete anesthesia has been obtained and all reflexes have vanished that this athetosis is seen. Koblanck lays the greatest possible stress on this symptom, for he says that when it appears, this first sign of danger gives due warning. As yet the pulse and respiration are unchanged and the pupils are either contracted or only moderately wide and, therefore, without reaction. In this state, if more chloroform be given, the well-known signs of asphyxia supervene; if on the other hand the mask is immediately removed, these athetoid movements cease, although the patient is still in complete narcosis and it only very seldom occurs that the respiration and the pulse are depressed. If more attention were paid to this sign of impending asphyxia, it would happen less often for anesthetists to see patients succumb "who had only a moment before breathed well." Another point pregnant with possibilities is the importance attaching to the proper methods of managing a case in which asphyxia has already set in. Koblanck states that the proper method of freeing the air passages is to seize the epiglottis directly with the fingers and draw it forward. Although, very properly, this method is looked upon on all sides as the only proper life-saving one, yet it is curious to notice that in the majority of articles devoted to this subject, not a word is said regarding it. The idea that, in anesthesia of women especially, the pushing forward of the jaw and the drawing out of the tongue with forceps is sufficient to clear the entrance to the trachea is a grievous error and one replete with grave consequences. It is only when

the air-passages are entirely free that the methods for artificial respiration are of any value. It is hoped that these few words will be conducive to the early recognition of impending asphyxia and to the proper method and means of preventing and managing such cases when they occur.

**Old Elbow-Joint Dislocations.**—Bunge (*Archiv. f. klin. Chir.*, Vol. 60, p. 557) emphasizes the fact that separated portions of bone often prevent reduction in cases of backward dislocation at the elbow. In seventeen cases in which operation was performed, such a fracture was wanting in only three instances. The piece which is broken off is often the epicondyle. The fragment may be the size of a pea or it may be many times as large, including a part of the trochlear surface of the humerus. It may also come from the olecranon or from the coronoid process of the ulna. The use of the X-ray has greatly aided in the location of such fragments, but it is not safe to trust to radiography alone, as often a part or the whole of the fragment does not appear in the radiograph. The commonest situations for the fragment are the anterior and posterior fossæ above the articular surface of the humerus. The presence of such a fragment may prevent reduction, and in case some time has elapsed since the accident, strips of periosteum, which have been torn from their normal situation, may lead to the formation of new bone which will obscure the diagnosis and still further prevent reduction. Bunge advocates one or two long longitudinal incisions made over the condyles of the humerus. The first incision made should be on the outer side of the arm, as in some instances it alone will suffice. These incisions do not expose the joint as well as a transverse incision, but they have the great advantage of preserving intact the apparatus for flexion and extension of the arm. After reduction is accomplished the forearm should be put up at an oblique angle, fully pronated, since supination tends to reproduce the dislocation. In from three to five days, if the wound heals well, the surgeon should begin to make passive motions of flexion and extension in order to secure a movable joint. This plan of treatment will not give a perfect joint in every case, but the results thus far obtained are very satisfactory.

**Antitoxin in Diphtheria.**—There have been recently a number of reports given in the medical journals adverse to the use of antitoxin in diphtheria. The evidences, which come from the general practitioner, seem to throw some doubt on the value of previous excellent statistics and on the statements of good authority that "the problems concerning diphtheria have been completely solved so far as its practical aspects are concerned." A. Rupp (*N. Y. Med. Jour.*, Jan. 2, 1900) contends that too much dependence has been placed on the value of this antitoxin and that many practitioners have now come to use this method of treatment in order to give them-

selves "peace of mind" rather than with the expectation of any decided benefit. He further believes that in a large number of true clinical cases of diphtheria no Klebs-Loeffler bacillus can be found and that the etiological relation of this germ to diphtheria has by no means been proven.

**Apoplexy of Uterus.**—It has been the experience of M. Simmonds (*Münch. med. Woch.*, Jan. 9, 1900) that the post-mortem of every third or fourth woman beyond sixty years of age shows, to a varying intensity, a hemorrhagic infiltration of the uterine walls. Histologically there are all the signs of an infarct in the endometrium and adjacent muscularis; the walls of the arteries are calcareously degenerated and necrotic foci of tissue are present in the surrounding tissues. The color of the blood and the lack of pigment show the lesion to be of recent origin, that is, probably resulting during the death agony. It is probable that some of the severe hemorrhages seen during the climacteric may be of the same origin, and this possibility should be borne in mind when all other etiological factors have been excluded. Hysterectomy would be indicated.

**Suture of Bladder.**—Golischewsky (*Archiv. f. klin. Chir.*, Vol. 60, p. 643) says that an incision in the bladder should be sutured immediately, provided no chronic cystitis is present, nor hypertrophy, and the patient is not a hemophiliac, and the kidneys are not seriously affected. A marked hypertrophy of the bladder wall makes it necessary to apply ligatures to its vessels. These can find their way into the viscus if the wound is closed and give rise to formation of stones. He has practised immediate suture in thirty-five cases. One patient, a marasmic child of three years, died in eighteen hours of anuria. There was a left-sided hydronephrosis and double chronic interstitial nephritis. Another patient who had double hydronephrosis, chronic interstitial nephritis and chronic cystitis, died in four days. In five cases there was a leakage of urine. In two of these the wound in the bladder was opened and allowed to close itself. In the other three a catheter was passed and left in the bladder for some days. The fistulæ closed in from two to ten days. In one case hemorrhage compelled the reopening of the bladder. The remaining twenty-seven patients recovered without accident. These results are a sufficient recommendation of this method of treatment.

**Home Treatment for Consumptives.**—It is often found necessary or desirable to treat cases of pulmonary tuberculosis at home instead of sending them to specially adapted sanatoria. Several very valuable hints to the general practitioner are given by S. A. Knopf (*Med. Record*, Jan. 27, 1900). Under general hygiene he advises the choice of a large, light and well-ventilated room, made as cheerful as possible, but with simple furniture and that which may be easily cleaned without raising any dust. A tuberculous patient should always sleep alone. The careful disposal



of the sputum and other secretions which may contain the bacilli is especially important and must be urgently insisted on. He recommends the use of the aluminum or other metal spit-cup which may be thoroughly boiled or the Seabury and Johnson paper folded cup, which is burned. Dampened cloths may be used and immediately burned. As far as diet is concerned it is important for the patient to understand that his digestive powers are far greater than his appetite indicates. Milk and eggs are, of course, staple articles, but they must be tastefully prepared and given now and then with sherry or whiskey. Steaks, chops, poultry, roast meats, and fish, together with a liberal supply of vegetables, especially spinach, are to be allowed. Light puddings, fruits and nuts should constitute the desserts. The heartiest meal should come between twelve and two o'clock. Remaining in the open air the greater part of the day is essential to the successful treatment at home and may usually be accomplished by providing a suitable protection around the couch or chair to prevent the wind blowing directly on the patient. Walking exercises should be indulged in, but must be carefully regulated, and not carried to the point where the temperature is elevated thereby. A persisting temperature of 100° F. is a contraindication to exercise. Much good is often obtained from the use of the cold douche in the morning especially when applied to the chest and spine. Prophylaxis is, of course, more valuable than radical treatment and hence the welfare of each member of the family should be carefully guarded and the first indication for treatment met.

**Rachitis and Suprarenal Extract.**—Peculiar crystals have been found in the medulla of the bones of rachitic children treated with suprarenal extract by Stoeltzner and Salge (*Münch. med. Woch.*, Jan. 9, 1900). They appeared as radially and concentrically striated globules or as thin needles when the sections had been preserved for some time in diluted alcohol. After evaporation of an aqueous solution, crystals similar to spermin were seen, but the exact chemical nature has not yet been settled.

**Etiology and Symptomatology of Goiter.**—The causation of the different forms of goiter as well as the relationship between the size of the goiter and the local and constitutional symptoms which appear, have long proven stumbling-blocks both to the pathologist and clinician. J. G. Adami (*Practitioner*, Jan., 1900) has reviewed the ordinarily advanced causes and has strongly urged the existence of a close relation between the exophthalmic goiter and the ordinary one. Among the less probable causes are a mountainous life and the geological conformation of the country. Evidence has clearly shown that drinking water has a marked effect on the production of goiters, but what the true cause is can only be surmised. That it is infective has seemed probable in some cases. The symptoms of the ordinary goiter he divides into those due to pressure upon the

trachea, esophagus, arteries and veins of the neck and upon several nerves, such as the inferior laryngeal, vagus, sympathetic and cardiac branches. Psychical disturbances also occur, which may take the form of dulness and low mental power similar to cases of myxedema, or they may be those of mental irritation, as found in exophthalmic goiter. He also shows how in the ordinary goiter attacks of tachycardia may occur and various symptoms of mental excitement, either transitory or later becoming more constant and perhaps developing a true case of Graves' disease. Furthermore, he points out those cases which have the symptoms of an exophthalmic goiter without the exophthalmos and without the goiter. The relationship of the pathology of these conditions and the symptoms manifested is extremely novel and interesting. It is believed that the common colloid goiter is preeminently a condition not so much of hyperplasia and overgrowth of the specific thyroid tissue as of retention of the glandular secretion. Thus there may be complete retention with all the symptoms of myxedema, or a localized retention in which event the healthy thyroid performs the functions of the gland and the symptoms due to pressure of the tumor are alone present. Again, the localized disturbance may lead to a retention with the occasional increased absorption or discharge of the retained material, resulting in the paroxysmal attacks of dyspnea, diarrhea, tachycardia, etc. In primary Graves' disease there is an increased activity of the gland with hyperplasia of the tissue without retention or, as in the peculiar cases mentioned above, there may be increased activity without any recognizable enlargement of the organ. Thus the essential cause of Graves' disease differs from that of the ordinary goiter since it results in a nervous or other stimulus leading to an increased activity and secretion. In the simple ordinary goiter the sudden liberation of some of the retained secretion best accounts for the paroxysmal attacks which occur, as well as for the dangerous and sometimes fatal results following the operative handling of the diseased gland.

**Prolapse of the Rectum.**—Dudloff (*Archiv für klinische Chirurgie*, Vol. 9, pp. 717-811) divides cases of prolapse into three groups, designated as follows: (1) Prolapsus ani; (2) prolapsus recti, prolapsus ani et recti; (3) prolapsus coli invaginati. These three groups are quite distinct in pathogenesis and treatment. The cause of prolapsus ani is obstruction of the circulation, and the condition is essentially a hemorrhoidal one. Prolapse of the anus and rectum, or the rectum alone, includes all layers of this organ. It is really a perineal hernia whose sac is formed by the rectum itself. In the third class are included cases of invagination pure and simple. Resection of the affected portion of the rectum is the operation of choice. It is contraindicated in long invagination of the colon, but is strictly indicated if the prolapse is incarcerated or irreducible. In



certain cases milder measures, such as massage or fixation of the colon, may be tried. If the patient is very weak and cannot withstand narcosis or hemorrhage, ligature may be applied. Colopexy with the formation of an artificial anus is to be rejected. Cauterization is of benefit in cases of prolapse of the anus, or prolapse of the rectum, in children, and as an additional measure in instances in which operation has been only partially successful. Galvanic treatment sometimes succeeds with nervous patients and those who can afford a long course of treatment. Rectopexy, Gersuny's twist, and rings of silver wire are unsuccessful and injurious procedures. In some instances it may be necessary to establish a sacral anus. Prolapse may be due to syphilis, and if so demands antisyphilitic remedies. Before any operative procedure is undertaken the bowels should be thoroughly moved for several days; and for several weeks after the operation the patient should defecate in only a horizontal position.

**Laboratory Milk for Infant-feeding.**—Laboratory milk is theoretically a perfect substitute for normal human milk, as it is prepared under the best conditions as regards cleanliness, has a fixed alkalinity, definite percentages of fat, sugar, and proteids, and is given in uniform daily quantity. Starr (*Archives of Pediatrics*, Jan., 1900) however, cites fifty-four cases in only three of which could the milk be continued up to the time of beginning a mixed diet; in sixteen the health gradually failed, so that the food was discontinued after from six months to a year; and in the other thirty-five cases acute dietetic disorders, chiefly acute gastritis and scurvy, required its early discontinuance. The reason for this is thought to be the destruction of the natural emulsion by the laboratory methods of separating the fat, this resulting in diminished digestibility of the proteids. A child of ten months, which can take only 1.50 per cent. proteids in laboratory milk will thrive on the following mixture containing 2.97 per cent. proteids: Cream 16 per cent.  $\frac{3}{8}$ ss, milk  $\frac{3}{8}$ ss, milk sugar,  $\frac{3}{8}$ i, water  $\frac{3}{8}$ ii, such a mixture retaining the natural emulsion, and being easily prepared and pasteurized at home.

**Infantile Convulsions.**—A general résumé of eclampsia of infants is given by J. Lange (*Münch. med. Woch.*, Jan. 9, 1900). The condition usually appears suddenly in a previously healthy child, with or without laryngeal spasm, then follows a tonic convulsion and soon clonic contractions, varying in duration from seconds to hours and terminating either in death or in exhaustion and sleep, during which the attack may recur. Consciousness is lost, the pupillary and corneal reflexes are absent, the eyes are widely open and are rolled about; the large fontanelle may bulge, there may be trismus and foam about the mouth. Soon the respiration becomes stertorous and the defective aëration shows itself in cyanosis. The feces and urine may pass involuntarily; wrinkling of the forehead, nystagmus,

strabismus and protrusion of the mouth may be observed. The upper extremity is carried in a rather characteristic manner: the arm is pressed toward the trunk, the elbow and wrist are flexed and the fingers pressed over the thumb or more rarely hyperextended. The abdomen is often contracted and meteorism may be present while the feet may be in the pes equinus position. Unless the respiratory muscles are involved the attacks may last for hours and the termination is indicated by a disturbed rhythm in the convulsions, deeper respirations, pallor or flushing of the skin and perspiration. Mental dulness and sleep usually follow, after which the patients are well again but for some slight lassitude and diminished color. Etiologically infantile convulsions must be divided into organic and functional, but probably many of the latter will be found to be organic when a knowledge of the subject becomes more complete, since as yet the pathological findings have been very unsatisfactory. The exciting causes are legion, if it is remembered that any sensory irritation of the skin or mucous membranes of the respiratory, alimentary or urogenital tract may be followed by an attack, provided the individual is so predisposed. It seems possible that during an attack there are rapid fluctuations of the blood-pressure in the finest brain capillaries and that the irritation, just as in epilepsy, starts from the motor zone, while the explanation of the greater disposition to convulsions in infants is sought for in the non-development of the inhibitory apparatus. An infectious eclampsia, during the onset of acute infectious fevers is also recognized, but whether the convulsions are due to the fever or the bacterial toxins is not quite clear. The chronic infectious and constitutional diseases are also prolific causes of the disorder. With reference to alimentary or metabolic auto-intoxications as possible factors the author tested the toxicity of the urine of a number of cases, but could get positive results only in two. Taking all into consideration, it must be conceded that the ultimate cause of infantile eclampsia is as yet shrouded in darkness. It may sometimes be necessary to differentiate it from epilepsy, but this is often impossible. The diagnosis, must, however, be in favor of epilepsy when there is a bad hereditary taint, when the convulsions occur at varying intervals without any ascertainable cause, and when during the interim there are manifest psychical and vasomotor disturbances.

**Nasal Alimentation.**—Salomon (*Le Progrès Médical*, Jan. 13, 1900) describes a method of administering liquids, whether as food or remedies, to patients in whom the more usual means are inapplicable. Rectal feeding is often inadequate or impossible; in comatose or delirious patients the use of the stomach-tube is attended with difficulty and in some cases with danger, and even the expedient of reaching the esophagus by means of a catheter passed through the nostril is frequently rendered ineffectual in in-

sane patients who learn to get the end into their mouths and compress it with their teeth. Under such circumstances a manœuvre that he recommends as simple, safe, and certain is, with a teaspoon to pour the fluid directly into the nares. One nostril is plugged with cotton and the other may, if desired, be cocaineized, although this is not at all essential. With the patient in the dorsal position, the head being steadied if necessary by an assistant and kept extended; the operator at the beginning of an inspiration lets the contents of the spoon glide into the nasal orifice, when it will be found that, aided by gravity and the inspiratory suction, the fluid trickles over the vault of the pharynx and avoiding the epiglottis excites the swallowing reflex and is carried down the esophagus. Even substances that ordinarily are strongly irritating to the mucous membrane can be easily administered in this way, the explanation probably being that as the epiglottis is not reached reflex spasm is not excited. If the method is to be used for feeding, obviously to save time it is advisable that the solutions used should be as concentrated as possible. It has been in constant use by the author for twenty years and he has never seen any unpleasant consequences.

**Herniotomy under Local Anesthesia.**—H. Cushing (*Annals of Surgery*, Jan., 1900) presents interesting data on herniotomy under local anesthesia. General anesthesia is still preferred, but there are certain cases in which it would be a source of danger, as in advanced age, chronic bronchitis and emphysema, pulmonary or laryngeal tuberculosis, marked cardiovascular changes, chronic nephritis, and, above all, shock and vomiting in strangulated hernia. Previous to the use of local anesthesia many patients with hernia were discouraged from seeking operative interference because of the immediate danger of the anesthetic. Bull and Coley (*Annals of Surgery*, 1898) regard sixty years of age as, in general, a contraindication to operation. During the past few months at Johns Hopkins Hospital there have been fourteen cases of herniotomy done under local anesthesia on patients ranging from sixty to eighty-four years of age. For strangulated hernia local anesthesia is specially adapted, for, by avoiding the dangers of the general anesthetic, both primary and secondary, one may keep the balance in favor of an organism almost overcome by shock, by toxins from the bowel, by depletion from repeated vomiting and lack of nourishment. Under a local anesthetic, with danger to the patient, the sac may be exposed, the constriction relieved, and the gut treated according to its condition. If it is viable and the patient's general condition warrants it, a radical cure may be done; otherwise the radical cure may be left until a later date. If the gut is not viable the establishment of an intestinal fistula is the safest procedure. This is readily done under the local anesthetic, and intestinal suture is done later, with far less risk. To succeed in major opera-

tions with local anesthesia, an accurate knowledge of the course and situation of the nerves to be encountered is essential, since accidental division of an unexpected sensory trunk often overcomes the inhibition to pain and renders complete narcosis necessary. The hernia skin incision divides filaments of the twelfth dorsal and first lumbar nerves above and of the iliohypogastric nerve below. Of the deeper nerves, the ilio-inguinal and genital branch of the genitocrural nerves are usually found as one trunk in the deeper part of the canal, and the early cocaineization of this after splitting the aponeurosis is perhaps the most important step of the operation. The usual anesthetic result is a complete loss of sensation of the entire scrotal contents, cord, sac, and testicle, and the inner side of Scarpa's triangle. There is no surface anesthesia of the scrotum itself. Sometimes there is sensation left in the lower attachments of the testicle, supplied by the superficial perineal nerve. If the lower border of the internal oblique muscle is to be cut it must first be injected to anesthetize the trunk of the iliohypogastric nerve which is found there. Schleich's solution, No. 2 (cocaine mur., 0.10; morph. mur., .02; sodii chlor., .20; aq. dest., ad 100) was used. It is practically non-toxic and may be sterilized without dissolution. For the undivided nerve-trunks one-half to one per cent. cocaine was used. Preparatory to operation patients of advanced age are kept in bed several days to see if they can endure recumbency, and to train them to void urine in bed. Three-quarters of an hour before operation one-tenth to one-eighth of a grain of morphine is given hypodermatically and repeated shortly before going to the table. The patient is cleansed, the line of incision infiltrated with the cocaine solution and the incision immediately made through the linear wheal, bleeding points clamped and the field kept dry. Only the upper end of the incision is carried down to the aponeurosis, which is opened and the ileohypogastric and inguinal nerves cocaineized with one-per-cent. solution. The lower end of the incision may then be painlessly completed. No further use of the anesthetic is needed. The ileo-inguinal and genital nerves should not be damaged because of resulting cremasteric and scrotal paralysis. The remainder of the operation may be completed according to the preference of the operating surgeon. When, in large hernias, the two rings have become concentric and the conjoined tendon therefore absent, Bloodgood (Johns Hopkins Hospital) opens the rectus sheath and transplants the muscle to form a posterior wall to the inguinal canal. No additional cocaine is needed. If, as occasionally happens, the patient begins to feel pain and loses self-control, a few whiffs of chloroform relieve the pain without the loss of consciousness. There have been no "after-pains," and healing has been absolutely unaffected. The advantages of the method are: (1) No post-anesthetic sequelæ; (2) urinary disturbances are less frequent; (3) diet is unchanged; (4) dress-

ings may be applied originally to suit the comfort of the patient; and (5) above all, the dangers of general anesthesia are avoided. Disadvantages: (1) The operation is a little more prolonged and difficult; (2) some pain is inflicted, but this does not compare with the discomforts of recovery from ether anesthesia.

**For Infantile Dyspepsia.**—Rochkovsky, of Warsaw, recommends the use of peroxid of calcium for this disorder, whether of the variety accompanied by fetid, mucous stools, or that in which the latter are indigested, resembling chopped-up eggs. The remedy is a yellowish powder, insoluble in water, and has a double therapeutic action; it is antacid by reason of its base and antiseptic because of the slow but constant decomposition which it undergoes with the consequent evolution of nascent oxygen. The daily dose is 3 to 10 grains, given in milk; within three to ten days the stools become normal and the disorder is cured.

**For Chronic Catarrh.**—The chronic catarrhal inflammation seen in smokers, public speakers, in those exposed to an irritating atmosphere, or as an accompaniment of chronic rhinitis can, according to Condié, be cured or greatly modified by systematic massage. He uses a metal instrument which consists of a slender handle bent near its further end to a more or less obtuse angle and terminating in two prongs holding a revolving ball, the surface of which is smoothly polished. The instrument can conveniently be sterilized in the flame. First the posterior wall and then the lateral walls are treated, the ball always being rolled from above downward in the direction of the veins and lymphatics, at first with very light, then with gradually increasing pressure. Cocaine should be used to diminish reflex action until the pharynx becomes accustomed to the treatment. A slight soreness is the only after-effect observed. Daily treatment is followed by increased activity of circulation and absorption of the interstitial exudate, while the process favors desquamation and regeneration of the epithelium.

**For Bronchitis or Pleurisy.**—

℞ Ol. Terebinth ..... ʒ iii  
Ac. Acetici ..... ʒ v  
Ol. Limonis ..... ℥ lxxv  
Aq. Rosæ ..... ʒ iiss  
Vitell. Ovi..... i.

M. Ft. linimentum. Sig. To be rubbed on the chest.—*Stokes*.

**Treatment of Varicella.**—The following statements are credited to Gillet: Unless there is secondary infection of the vesicles suppuration will not occur, and to prevent it and possible cicatrization we need only protect them from irritation and injury. Cleansing the body with a solution of boric acid is preferable to immersion in a bath until the vesicles have dried to scabs, and it is a good plan to powder the body with talcum, bismuth, or zinc oxid. Vesicles showing signs of irritation should be painted with a solution of bichlorid in mentholated oil, or covered with car-

bolated vaseline or some other antiseptic ointment. The nasal passages should be cleansed and the throat gargled with a strong boric acid solution. When scabbing is complete bichlorid or green soap should be used in the baths. Special attention should be paid to the condition of the conjunctivæ, anus, external genitals, and of contiguous surfaces of the skin. In respect to internal treatment we should prescribe purgatives, preferably calomel, soothing drinks, and such as favor diuresis, as weak lemonade, orange juice, etc. The diet should be light, consisting of milk, eggs, and farinaceous foods. The average duration of the quarantine, depending on the disappearance of the scabs, is twenty-five days, after which time the child may return to school.

**Uses of Chloroform Water.**—According to Pouchet, chloroform water is not only an agreeable adjuvant in sleeping potions and the like, but because of its antiseptic qualities is well adapted for the preservation of alkaloids in solution for hypodermic use. It has an analgesic effect on the gastro-intestinal mucosa and may be looked upon also as a mild intestinal antiseptic. Pouchet gives the following formulæ:

℞ Morphinæ hydrochlor.....gr. ¼  
Aq. chloroformi sat.....ʒi  
Aq. aurantii fl.....ʒi  
Syr. simpl. .... ʒss  
M. Sig. Take one-half as sleeping potion.  
℞ Potassii brom.....ʒ ss — ʒ i  
Aq. chloroformi dil.....ʒ iii  
Aq. aurantii fl.....ʒ i  
Syr. simpl.....ʒ v.

M. Sig. Dose as directed.

Dilute chloroform water is prepared by mixing the saturated solution with an equal quantity of distilled water.

**For Diabetes in Children.**—The following formulæ are recommended by Legendre:

1.—  
℞ Antipyrini ..... ʒ iiss  
Glycerini.....ʒ i  
Aq. dest.....ʒ v.  
M. Sig. One to four teaspoonfuls a day.

2.—  
℞ Strychninæ sulph.....gr. 1/10  
Sodii arseniat.....gr. ½  
Codeinæ .....gr. ii  
Quininæ valerianat.....gr. x  
Ext. valerianæ.....q. s.  
M. Ft. pil. No. xii. Sig. One to six pills a day.

**For After-Pains.**—

℞ Tinct. viburn. prun. } aa.....ʒ ii ss.  
Tinct. hydrastis... }

M. Sig. Ten drops in a little water every two hours.

Relief is sometimes best obtained by means of rectal medication, as follows:

℞ Chloralhydrate.....ʒ ss — ʒ i  
Yellow of egg.....No. i  
Water or milk (warm).....ʒ ii.  
M. Sig. For injection.—*Vicaire*.



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No. 111 FIFTH AVENUE, NEW YORK.

*Subscription Price, including postage in U. S. and Canada.*

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SINGLE COPIES . . . . .	.10
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SATURDAY, FEBRUARY 3, 1900.

## THE NEW YORK STATE MEDICAL SOCIETY.

We publish in this issue a complete report of the annual meeting which came to a close on Thursday last, and also some of the more important papers. The meeting, from the standpoint of scientific work presented, ranks among the foremost in the history of the Society. The president set a worthy example by devoting the anniversary address to the presentation of a thoroughly scientific subject, thus relegating the politics and business of the Society to the respective committees, where they naturally belong. The address was therefore, interesting and instructive, and demonstrates the fact that bacteriology is taking fully as strong a hold on surgery as on general medicine. From the standard of surgical requirements insisted on, and this is the standard not of the future, but of the present and now, it becomes evident that the successful surgeon is no longer a mere mechanical expert, deft of hand and quick in resources, but a thoroughly equipped man of science whose judgments and decisions must be based in each individual case on investigations of far-reaching import. The address, which may be found in this issue, is wholesome reading not only for the ambitious tyro

about to launch into the flood of surgical experience, but also for the active surgeon and general practitioner who ventures in where wiser men fear to tread.

No little interest of the meeting was centered upon the question of State sanatoria for consumptives. An effort was made to have the subject presented in all its aspects, as may be seen by the report, and to convince the State legislators of the importance of the undertaking. But the prospect of any legislation upon the subject at this session is very problematical. This is due, however, not so much to lack of interest or of conviction, for the subject was presented most convincingly both at the general meeting in the Assembly Chamber on Tuesday evening and also before the Committee to which the bill has been referred, but to the unusual demands that are now being made upon the exchequer of the State. These have special reference to the canal schemes. It must be admitted also that the unfortunate lack of unanimity in the profession regarding the practical application of the sanatorium experiment gives legislators a loophole for escape. Some are in favor of one large building in the Adirondacks, others advocate numerous small sanatoria in the vicinity of populous centers, and still others advise appropriations for the support of charity patients in private sanatoria already established. The advocates of these various plans should come together and agree upon some one of these recommendations. In this way unanimity of action will be secured and a solid front presented to the Legislature. Whatever plan is adopted the experiment cannot but prove successful, and pave the way for larger and more permanent establishments.

## CARE AND TREATMENT OF EPILEPSY.

It is the victim of a hopelessly incurable disease that seeks refuge in the nostrums of quacks; and there is something indescribably pathetic in the way that an epileptic delivers up his dozen or more "sure cures" when he enters upon the new régime of treatment that is in reality his only chance of improvement.

From Germany, France and England, but especially from New York State comes the lesson that education and out-door occupation are the bases of improvement in epilepsy; and often work absolute cure, a result which can be attained in no other way. At Craig Colony, New York epileptic village, medical treatment for

the disease has been practically abandoned, and regular hours for sleep, a simple diet, chiefly vegetarian, baths, exercise, work and instruction have been substituted, with most gratifying results. In epilepsy it is the individual and not the disease that must be treated. It is through improvement in physical, mental, and moral tone that the patient climbs up out of the state of lazy inert, irascible despair, in which his whole condition is that of progressive degeneration, and acquires an active, useful, cheerful habit of life, which in nearly all cases tends toward fewer and fewer attacks. Nothing contributes to this end so rapidly as congenial, healthy employment, especially that out-of-doors, where the sunshine, fresh air and surroundings of nature draw his mind from himself and his disease.

It is very difficult to provide suitable treatment for an epileptic at home, especially if he be a child. His inability to attend school or church, his sensitiveness regarding his peculiarity, his outburst of temper, his lack of training, all tend to make him a slovenly, unbearable burden to his friends. And yet he is, at most times, capable of work and enjoyment, and in many cases almost as bright intellectually as a normal child. Therefore is it nothing short of crime to confine him in an institution with the insane or the feeble-minded, where it is his positive doom to become like them.

The Hon. William Pryor Letchworth, in his recent work, "Care and Treatment of Epileptics," has reviewed the whole history of failures in past methods of treatment and has outlined the village system, as it at present exists in successful operation at Craig Colony, in the Genesee Valley. There the patients are divided into groups of twenty or thirty, according to their degree of compatibility, or capacity, and live in separate homes. They do their own housework and have recreations according to their tastes. The children live together, and those that are able attend the colony school, where the instruction is pursued along kindergarten lines and where the development of skill in their fingers tends toward the practical side of life. They go to services and concerts in the chapel; give entertainments and enjoy life as other children do. Meanwhile, they are being trained to support themselves, in the event of their cure, or to do their share of the colony work as long as they live there.

The farm and stock of the colony produce under the patients' labor a large proportion of the

colony's food, and from the clay-beds they have made brick enough to put up a number of their buildings. Nearly all the daily occupations of any village life, washing, sewing, waiting, cobbling, gardening, street-cleaning, etc., are represented in patients who, if they were normal, would be fitted for such a sphere, but who by reason of their infirmity cannot keep a position in the world of competition. Nurses, educated in the art of training, work with the patients, study their deficiencies and abilities, and fit them into the niche best suited for them; while expert physicians living in the colony direct the individual treatment of each.

The whole plan in its broadest aspects has been a cherished idea of Mr. Letchworth's for years; and as one of the foremost students of philanthropy and sociology in the State, his voice upon the subject combines the tone of authority and experience. His book is not the plea of a dreamer of social reforms, it is a keen, practical, detailed account of how to bring about and accomplish what most people only talk about. To care for the dependent classes, without pauperizing them, and without overtaxing the community, and to care for the hitherto almost incurable epileptic in such a way that he may be benefited without sedative drugs, but by the skilful appreciation of the laws of nature, is the problem which Mr. Letchworth has solved in his work; and every State in the Union, and every private sanatorium for epileptics in the country, could not do better than study the question from his standpoint.

## ECHOES AND NEWS.

### NEW YORK.

**Military Surgery.**—Major Louis A. La Garde, M.D., U. S. A., will deliver a course of lectures on Military Surgery on Saturday mornings, beginning Saturday, February 3d, at 11 o'clock, in the University and Bellevue Hospital Medical College.

**Marine Hospital Service Examination.**—The board of examiners will meet at 378 Washington street, New York City, Wednesday, February 7, 1900, for the purpose of examining candidates for appointment as assistant-surgeon in the service. Dr. R. H. M. Dawbarn, No. 105 West 74th street, prepares candidates for these examinations and will gladly furnish definite information regarding them.

**Health Report.**—The Health Department presents the following report of contagious diseases for the week ending January 27, 1900: Measles, 824 cases and 32 deaths; diphtheria, 285 cases

and 53 deaths; laryngeal diphtheria (croup), 28 cases and 8 deaths; scarlet fever, 228 cases and 16 deaths; smallpox, 3 cases; chicken-pox, 41 cases; tuberculosis, 223 cases and 156 deaths; typhoid fever, 28 cases and 7 deaths; cerebrospinal meningitis, 5 deaths.

**New Mt. Sinai Hospital.**—Prospects for the speedy erection of the new Mt. Sinai Hospital, which is to cover the entire block bounded by Fifth and Madison avenue, One Hundredth and One Hundred and First streets, were discussed at the annual meeting of the directors held on January 28th. The reports of the Treasurer and Finance Committee showed the following assets: Plot of ground for new hospital (cost \$531,682.04 less a mortgage of \$80,000) \$451,682.04; invested in bonds and mortgages, \$150,000; cash in hands of Treasurer, \$4851.52; building fund (held in trust), \$439,174.88. An additional \$500,000 must be raised to cover the cost of the new buildings. During the past year 304 patients were turned away because of lack of room.

**Insanity among Criminals.**—New York State Superintendent of Prisons Collins, in his annual report, which was submitted to the Legislature on January 29th, sets forth that there are now confined at the Matteawan Hospital for Insane Criminals nearly 200 more than the building was designed to accommodate. It was built for 550 patients, while 719 are now crowded into it. This over-population requires the earliest practicable completion of the new hospital at Dannemora, so as to afford the necessary relief at Matteawan. A peculiar fact is that the Elmira Reformatory sent during the last year five times as many insane to the prison as all of the state prisons put together.

**The State Sanitarium.**—In the report which is to be presented to the Legislature at Albany in support of a bill for a state sanitarium for the treatment of incipient phthisis, the following rules are tabulated and given as embodying the essentials for decreasing the death-rate from consumption or stamping out the disease altogether: (1) The ultimate inclusion, when public opinion is ripe for that step, of consumption in the list of notifiable diseases. (2) Public and official announcement of the fact that, in the event of a person having died of consumption, the rooms occupied by him will be disinfected by the sanitary authorities free of charge. (3) The passing of an act making it illegal to let any house or room in which any person, within two months, has suffered from consumption, without having had it properly disinfected. (4) To make it an offense punishable by fine or imprisonment for any person letting a house or room wilfully to conceal or deny that there has been consumption in the house. (5) To call the attention of shipping agents to the fact that there is danger to a healthy person in occupying the same cabin with a consumptive. (6) To make it compulsory for a consumptive person taking a long voyage by sea to notify the nature of his complaint before start-

ing. (7) To call the attention of railroad companies, or lines connected with well-known health resorts for consumptives, to the necessity for having the sleeping-cars carefully cleaned with some disinfecting solution, and, above all, thoroughly aired. (8) The removal of hospitals for consumptives in large cities to some convenient and open suburb. (9) The exercise of greater care in the inspection of carcasses intended for food, and the compulsory rejection of those indicating tubercular disease. (10) The rejection, as an article of fluid food, of the milk of tuberculous cows. (11) The inspection of herds by paid officials, with the view of destroying tuberculous disease, and isolating or destroying tuberculous animals. (12) The prevention of overcrowding among animals intended for consumption as food. (13) The prevention of overcrowding among people. (14) Back to back houses should be condemned, and the height of houses in cities should be in proportion to the width of the streets. (15) Blind alleys should be opened out, and the custom of building houses at right angles to the length of the streets should be forbidden. (16) Dusty occupations should be strictly regulated, so as to minimize the danger to those who are compelled to follow them. (17) Convents and other religious communities should be periodically inspected by some independent authority.

#### PHILADELPHIA.

**Health Report.**—Deaths in the city for the week ending January 27th, were 498, a decrease from last week of 27 and a decrease of 20 from the corresponding week of last year. Contagious diseases: Diphtheria, 128 cases, 23 deaths; scarlet fever, 66 cases, 5 deaths; enteric fever, 44 cases, 9 deaths.

**German Hospital.**—The report of the medical board for 1899 has been submitted. During the year 3631 new patients were admitted and the dispensary visits numbered 45,477. The total number of operations was 1099. A fire-escape with especially wide stairs has been constructed and helpless patients can now be removed with comparative ease and safety.

**Circulating Library Closed.**—The health officer of Scranton has closed the circulating department of the public library in that place. It was believed that the circulation of books had some part in the spread of diphtheria and scarlet fever which have been epidemic in the town for some time, and which recently caused the closure of certain of its schools. The report of last week shows diphtheria to be decreasing, while scarlet fever is still spreading.

**Gift to the University.**—Mr. James Dundas Lippincott has made a donation which provides for a private operating-room for the hospital of the University of Pennsylvania in memory of his uncle, James Dundas. The suite will consist of four sections. These include a large operating-



room in the center, a sterilizing-room and a professor's bath-room opening from this on one side, and an etherizing and recovery-room for patients on the other. The erection of this memorial, which will be begun shortly, will give the University one of the finest and best equipped private operating-rooms in any hospital of this country.

**Illegal Sale of Drugs.**—The Pennsylvania State Board of Pharmacy has just completed a week's session in this city. Three hundred and twelve persons applied to the board for license, one of the successful candidates being a woman. Investigations warrant the belief that evidence sufficient to prosecute has been obtained in 150 cases of illegal drug selling in Philadelphia alone. It is found that opium or morphine and many of the more virulent drugs may be obtained with facility. While looking after these cases the Board also hopes to lessen the adulteration of drugs and the practise of substitution in the preparation of prescriptions.

**Antivivisectionists.**—The seventeenth annual meeting of the American Antivivisection Society was held in this city January 25th. In an address the corresponding secretary stated that vivisection of human beings was the legitimate outcome of the vivisection of animals. If the torture and dissection of dumb beasts was allowed to continue it would soon become a menace to human beings, not only to the patients of charity hospitals, but also to the citizens outside of institutions. The desire for discovering something new becomes in the investigator a mania which is not satisfied with the lower animals, but impels him to use human subjects as more valuable in the way of obtaining reliable results. There is no doubt that numbers of atrocious and inhuman experiments have been and are being made upon poor patients in the hospitals of European cities and in at least one of our own States, that State being Massachusetts. Dr. Matthew Woods, who was re-elected President, stated that this work was carried on mainly by students instead of physicians. The Gallinger bill was discussed and the systematic introduction of antivivisection ideas into every large city urged.

**Typhoid Fever.**—The meeting of the Pathological Society, on January 25th, was arranged as a "Symposium upon Typhoid Fever." Dr. A. C. Abbott spoke of the "Epidemiology." Reference was made to the fact that all teaching classed typhoid fever as peculiarly an autumnal disease. The average for many years shows this to be true, but special years show many deviations. The teaching, then, is incorrect for conspicuous typhoid centers. This statement is proven by reference to Philadelphia, which, as a typhoid center, is almost without competition. The sewer overflow in 1898 caused an epidemic in a certain district. This subsided and after a time a second occurred in the same district. This was thought to be due to some of the sewage being caught in the bend of the river near the pumping station, or to the old infection of the reservoir. That typhoid

fever is especially an autumnal disease cannot be said where surface water is used.

Dr. J. H. Musser spoke of "The Value of Clinical Laboratory Methods in the Diagnosis of Typhoid Fever." The Widal test is the most important and has proved correct in more than 98 per cent. of his cases. He believes that if proper care in diluting the blood, etc., be exercised it is hardly possible to have a case of typhoid fever in which it will not be positive. This test is not only of value in the diagnosis of typhoid fever, but in determining the nature of processes following that disease, as infection of the biliary passages, the bladder, etc. As to the fact that it is rarely obtained before the fifth day of typhoid being against its practical value, it was stated that it is also seldom that the practitioner sees cases before the fifth day.

Dr. Simon Flexner spoke on the subject of "Typhoid Septicemia." Cases are met with which are easy to diagnose clinically, but which are very difficult of diagnosis at the autopsy. From these cases we must believe in the existence of typhoid fever without internal lesions. The demonstration of this depends (1) on the presence of a positive Widal reaction during the life of the patient, and (2) on obtaining the organism from the internal organs at the autopsy. To have a typhoid septicemia it is necessary for the organism to enter the blood and lymph currents. It so does in ordinary cases of the disease, but is soon filtered out by the various organs and hence it is not customary to find it in the blood except in transit. There is a class of cases, however, in which there are no lesions, or only atypical ones, and the bacillus is found throughout the body. These are cases of typhoid septicemia, or, as they should be called, typhoid bacteremias. Considerable observation has shown that this occurs. A number of such cases were found at Manila where, from the slowness of the lesions or their entire absence, the diagnosis upon the autopsy would have been extremely difficult. In all these cases the organisms were collected from the blood.

#### CHICAGO.

**Dr. J. G. Huizinga** has accepted the professorship of ophthalmology at the Post-Graduate Medical School.

**Will of Dr. Hoadley.**—The will of the late Dr. Albert E. Hoadley was filed for probate a day or two ago. The testator left an estate valued at \$50,000. Of this \$40,000 is personal property.

**The Doctor's Magazine.**—In a few days the first number of this publication will appear under the editorship of Dr. George F. Butler, formerly editor of the *Medical Standard*.

**Chicago Surgical Society.**—This Society was recently organized, with the following charter members: Drs. John E. Owens, J. B. Murphy, Arthur Dean Bevan, Weller Van Hook, M. L. Harris, A. H. Ferguson, L. L. McArthur, D. A.

K. Steele, W. H. Allport, E. W. Andrews, Carl Beck, S. C. Plummer, Jacob Frank and Daniel N. Eisendrath.

**Ocular Therapeutics for the General Practitioner.**—At a meeting of the Chicago Medical Society, held January 24th, Dr. Albert B. Hale read a paper on this subject. New drugs from the chemists' laboratory are constantly being added to the physician's table, and some deserve to be retained both by specialists and general practitioners. Among drugs useful in ophthalmic therapeutics we have of the newer ones four that are particularly valuable.

**Holocain.**—This is a synthetic product, related to phenacetine, so that its name is merely imitative of cocaine, which in many cases it may supplant. Its salt, the hydrochloride, is soluble to about two and a half per cent. in cold water, and should be applied in a one-per-cent. aqueous solution. It has particular advantages for the general practitioner. In removing foreign bodies from the conjunctiva or cornea, for instance, it is better than cocaine, as it acts quicker, causes little pain, does not dilate the pupil, in temporary use effects corneal epithelium less, produces no ischemia, to be followed by hyperemia. It is somewhat antiseptic (enough to keep itself, at least), and can be sterilized by boiling with no disturbance of chemical composition. It must not be injected hypodermatically, nor be applied to other than ocular mucous membrane, as it is systemically poisonous. It must be prepared and kept in porcelain, not glass, as the alkali of the glass influences it.

**Euphthalmin.**—Of the three effects of local applications to the eye (omitting cautery or astringency), anesthesia, mydriasis, cycloplegia, many drugs produce all three, in varying proportions. Modern chemistry has supplied holocain for simple anesthesia. As yet, no drug produces simple cycloplegia alone. Mydriasis alone, however, can now be produced by euphthalmin, a complex synthetic product. It is best used in a five to ten-per-cent. watery solution. Here the author gives tables and cites authors to prove that cycloplegia is practically absent, and that it can be used in all cases at any age to produce a dilation of pupils for study of lens and fundus. Conclusions: (1) No subjective symptoms produced. (2) Only mydriasis caused, of short duration, beginning in thirty minutes. (3) Effects show earlier in youth than age. (4) Ocular tension not increased. (5) No hyperemia or ischemia of conjunctiva produced, corneal epithelium unaffected. (6) Accommodation practically unaffected. (7) Normal pupil soon restored. (8) Non-poisonous apparently.

**Protargol.**—This is better than any inorganic silver salt yet used. It is a proteid compound, containing about 8 per cent. of silver. Bactericidal power as great as silver nitrate; penetrates deeper; much less painful. not so dangerous to

epithelium; can be used much more frequently; not so affected by light; its brown color an advantage for local application. Perhaps the silver nitrate is better for direct action on gonococcus, but for all other inflammations or irritations of ocular mucous membranes, protargol in a five to ten-per-cent. watery solution is much better for the general practitioner.

**Extract of Suprarenal Capsule.**—Abel (Johns Hopkins) quoted with reference to epinephrin. Bates' experiments confirmed, showing that it is astringent more than hemostatic, acting through uninjured vessel wall. Useful for cosmetic purposes to blanch a red eye, to assist in prolonging anesthesia with cocaine or holocain, to aid other drugs in treating inflammations of conjunctiva. It is an unstable powder, spoils easily in the presence of water, must, therefore, be mixed fresh for use, as it has no well-defined solubility.

#### GENERAL.

**Bubonic Plague.**—Dr. Walter Wyman, Surgeon-General Marine Hospital Service, has just published from the Treasury Department a pamphlet on the plague, which will prove of general interest.

**The Metric System.**—It is hoped by scientists that the bill to secure the adoption of the metric system by the United States which has been introduced in Congress will pass. The bill provides for the use of this system after January 1, 1901, in all departments of the government except in the completion of the survey of public lands, and that after January 1, 1902, the metric system shall be the legal standard of the United States.

**Sanatoria in the Riviera.**—The British residents at Cannes have established there a sanatorium where officers invalided from the Transvaal will be received as free guests. Six villas have been hired and numbers of rooms taken at the hotels, and private residents have agreed to receive one or more invalids in each of their families, so that accommodations are now ready for four hundred wounded or sick officers at Cannes alone.

**The Price of Carbolio Acid.**—Owing to a report circulating in New York last week that the British Government had forbidden the export of carbolic acid, the price of that article was doubled. The reason assigned for this was that all the carbolic acid on hand, and all that could be manufactured for some time to come, would be needed for the manufacture of lyddite. Lyddite shells are used extensively in the war with the Boers.

**Scruple** is supposed by some, says the *Chemist and Druggist*, to be the diminutive of *scrupus*, a sharp stone, from which its meaning as "a scruple of conscience" would also be indicated; but it is more generally traced to *scripulum*, something written, which was exactly the meaning of the Greek small weight *gramma* (from which the French *gramme* was adopted), although it is not

quite easy to see the connection between "something written" and a small weight.

**The Influenza.**—The "grippe" continues to rage not only in London, but also at various points on the continent. At Berlin during the first half of January the deaths from influenza numbered one hundred and seventeen. At Rome several thousand cases are reported, and at Rouen, in France, the troops garrisoned there and the general population are suffering severely; the public schools are closed. Such an epidemic in Europe as is now raging preceded the first invasion of this country. In all probability we may expect a similar experience now.

**Famine in India.**—Official estimates made at Calcutta place the number of persons now affected by the famine in British territory at 22,000,000, and in the native states 27,000,000. Lord Curzon, the Viceroy, says the famine area has expanded, surpassing the worst fears, and they are now facing a cattle, water, and food scarcity of a terrible character. Over 3,000,000 persons are now receiving relief. The Viceroy points out that India now will be obliged to struggle alone, as the thoughts of every Englishman in the world are centered on South Africa.

**A City of Filth.**—A correspondent of the *New York Tribune* writes from Peking, recent date, as follows: "The three chief characteristics of the Chinese capital which most impress the newly arrived visitor are dust, stench, and dogs. There has been no rain since June, and the hideous tracks that are dignified by the title of streets are ankle-deep in black dust, much of which is pulverized filth. Along the macadamized streets, of which there are three, are open drains. These serve as sewers from which the sewage is dipped and the highway sprinkled. When it dries the pulverizing is resumed, and, in addition to the original compound, the residuum of the tainted water is breathed into the lungs."

**Death of Dr. Hall.**—Dr. George D. Hall of Galveston, Texas, died at his home December 22, 1899. He was born at Newbern, N. C., March 25, 1824, graduated at the University of Pennsylvania in 1848; married in 1854, and was engaged in the practise of medicine at Gaston, Ala., till he entered the Confederate service as assistant surgeon in 1863. At the close of the war he moved to Courtney, Texas, where he was actively engaged in the practise of his profession till a few months before his death. He spent a long and useful life, honored, beloved and lamented by all his acquaintances. He left a widow and son, Dr. George P. Hall, professor of ophthalmology at the Texas State University. Dr. Hall was for fifty-one years, except for a time during the Civil War, a subscriber and reader of the *MEDICAL NEWS*.

**Antivivisection.**—Dr. W. W. Keen, the president of the American Medical Association, desires it to be announced that some changes have been made in the Senate Committee on the District of

Columbia. As members of the profession are requested to send personal letters to these Senators, a revised list of the committee is herewith given: Senator James McMillan, Michigan, Chairman; Senators J. H. Gallinger, New Hampshire; H. C. Hansborough, North Dakota; R. Redfield Proctor, Vermont; J. C. Pritchard, North Carolina; Lucien Baker, Kansas; Thomas S. Martin, Virginia; William M. Stewart, Nevada; Richard Kenney, Delaware; George L. Wellington, Maryland; S. R. Mallory, Florida; W. V. Sullivan, Mississippi, and W. A. Clark, Montana. Personal letters may be addressed to them or to other Senators. Petitions should be addressed to the Senate of the United States.

**Sir William MacCormac**, London's eminent surgeon, now at the front, writes in the *Lancet*, January 20th, that on the day of the Tugela battle 800 patients passed through the hospitals, all the wounded being cleared off the field within four hours of the end of the battle and despatched to the base within two days. This was largely due to the clean-cut wounds of the Mauser bullet, which are entirely free from contusion and laceration. Out of 309 wounds only eight were caused by shell-fire. The remainder were due to Mauser bullets. This great disproportion bears out the dictum that the effect of shell-fire is mainly moral. The mortality among the wounded is less than five per cent. The period of convalescence is so short that seriously wounded men return to duty in from three to five weeks. The system of camp sanitation has practically barred out typhoid and dysentery. These are among the achievements to date of the medical service at the front.

**Reduced Fares to Paris Congress.**—The Secretary-General of the Congress gives notice of the following reduction in rates:

(1) All the railway companies of France will grant to the members of the Congress a reduction of 50 per cent. upon round trip tickets, as follows: Every member of the Congress will receive, upon application to the Secretary-General, Dr. A. Chauffard, 21, rue de l'Ecole de Médecine, Paris, a ticket which must be stamped at the railroad station where he enters France, upon paying the full price of a single trip to Paris. At Paris the member will have this ticket viséd in the office of the Congress, and it will then serve as a return ticket without additional expense. The journey to Paris having been paid entirely, and the return trip being free, there is, of course, a 50 per cent. reduction. It goes without saying that in order to secure this, the return trip must be to the same point at which the original fare was paid. (2) The French line (La Compagnie Générale Transatlantique) will allow members of the Congress a reduction of 10 per cent. on tickets from New York. (3) The Secretary-General has arranged to provide to early applicants a number of lodgings, including light and service, at the rate of five francs per day; and various agencies also advertise reduced rates for lodgings.



For further particulars and application blanks for membership, address,

Dr. H. B. Jacobs,  
Sec'y, American National Committee,  
3 W. Franklin street, Baltimore, Md.

**The Plague.**—The latest news from Honolulu announces thirty-eight deaths from the plague. One victim was a white woman of good class. By order of the Board of Health of Honolulu ten city blocks have been destroyed by fire, this constitutes about one-half of Chinatown and 3400 Japanese are in quarantine at that port. They are emigrants brought out from Yokohama as contract laborers. The total statistics from Manila, January 22nd, show fourteen cases and eleven deaths. The *British Medical Journal*, January 20th, announces that during the last week in December at Oporto six cases of plague and two deaths occurred, and during the first week of 1900 three cases and one death. No cases are known at any other point in Portugal or Spain. In India the condition grows steadily worse. At Bombay during December the average mortality from the plague was 954 per week, nearly double the death-rate during December, 1898. Famine and its attendant diseases swell the death-rate in the Bombay Presidency. The mortality from general diseases, apart from plague, causes extreme anxiety. From New Caledonia, a French possession east of Australia, come alarming reports regarding the prevalence of plague there since early in December. There were sixteen deaths during the first ten days of the outbreak, and between December 25th and January 9th, eighteen cases occurred and ten deaths. Death from plague is reported to have occurred in the hospital at Adelaide, Australia. It has been suggested that the United States Department of Agriculture be authorized by Congress to establish serum stations at once on islands in the Pacific for the development of Pasteur antitoxin, in order that the government may be prepared to meet any invasion of the bubonic plague. It requires one year to bring the antitoxin to a state of perfection. Plague is reported epidemic in Rosario, Argentine Republic.

**Medical Practise in the Philippines.**—In a letter from Manila dated December 12, 1899, which appeared in the *Journal of the American Medical Association* last week, Surgeon Major Potter makes some interesting observations "There is no field here for American physicians, for several reasons. In the first place the fees are too small. I was called once to an American house where I had been attending the family, and found a native physician there, sent for in emergency by the servants. He withdrew as soon as I arrived, but I asked him what fee he expected. His reply was that the usual honorarium was *dos pesos*, equal to \$1 in our money. He is a *mestizo* of good professional standing and education, a graduate of the University of Barcelona, Spain, in medicine, and yet he only expected \$1, gold, for an emergency call to an American family.

Among his own people he would probably expect an average of 50 cents, Mexican, equal to 25 cents in gold, for each visit. In the next place, the people who pay for their medical service are well-to-do *mestizos*, and they prefer their own race, who speak both Spanish and Tagalog and use remedies with which the people are familiar. There are plenty of such men here, who have been educated first at the local medical college, which is connected with the University of Manila, and have taken a supplementary degree in Spain. There are also several first-class English physicians here, who attend their own nationality as well as other foreigners, and have a considerable clientele among the wealthy natives. Several American physicians have tried to settle here during the last year; some after leaving the Army or Red Cross organization, others having come out specially for that purpose. With one or two exceptions they have failed to establish a practise and have gone home. Several of them told me that they could not do anything except to "fake it" among our soldiers, on venereal disease, and preferred to quit rather than do so."

**Medical War-News.**—It certainly speaks volumes for individual competency of the regular army surgeons, as well as for the initiative and emergency powers of adjustment and resource of the numerous civilian surgeons so hastily enrolled, that the one department of the present campaign which stands practically above criticism is the medical. The intelligence department seems to be in a state of abeyance or suspended animation, and the chief thing that the private soldier, in his home letters, hopes for from "Lord Bobs" is a better food-supply, but the corps of our professional brethren gets little but praise. Bloody battle-fields are absolutely cleared of wounded before sunset; men seriously wounded are returning to duty in two or three weeks' time; the mortality among the wounded has been kept down to 5 per cent., and dysentery and typhoid, although present in almost every town-camp occupied, have been kept successfully at bay. Yet the medical corps was notoriously undermanned, the latest reports now showing the roster to have been 500 names short of the proper quota. Study leave was proportionately hard to obtain, the social standing of the officers was anything but satisfactory, and some of the best men were leaving it in disgust.

"The luck of the British army," in Kipling's phrase, has stood by it, however, and the blast of war has suddenly galvanized this small but gallant body of men into almost superhuman activity, retired surgeon-majors and colonels even have volunteered by scores for active service again, and the War Office has been simply flooded by offers of civilian surgeons for service. With a liberality as wise as it is belated, the Government, having secured the services of patriotic leaders of modern surgery, Treves, Watson Cheyne, Stokes, MacCormac, has assigned them an adequate rank, salary and staff. And this

somewhat incongruous triple combination is not merely "muddling through somehow," as Lord "Charlie" Beresford predicts of the army, but scoring a success. Of course there is plenty of small friction and jealousy, especially on the part of the army medical men who consider themselves superseded by these great "consulting" appointments, but, so strong is the devotion to duty and recognition of the gravity of the emergency in all ranks of the profession involved, that all are pulling together in harmony upon the main issues.

The report of the chairman of the English Red Cross organization makes, next to the records of the medical arm of the service, the pleasantest reading of the war news. The fitting up of the Princess of Wales' hospital-ship, of the Princess Christian's especial ambulance train, of the Sievwright convalescent homes, the distribution of newspapers and magazines among the troops, and the supply of fresh vegetables and fruits to the wounded in the various hospitals are all achievements of which the society may well be proud. The "Maine" and four field hospitals, the Duke of Portland, the Van Alen, the Langman, and the Lord Iveagh are also working under the society and affiliated with it.

In consequence of a suggestion recently made in the newspapers that trained cooks should be sent out with the hospitals and hospital ships, as well as trained nurses and surgeons, much interest is being taken in the results of the American experiments in training soldiers in invalid-cookery now being carried out in Washington Barracks. The idea is very favorably received in London, and it is not unlikely that our example will be shortly followed in some of the English regiments.

## CORRESPONDENCE.

### OUR LONDON LETTER.

[From Our Special Correspondent.]

LONDON, January 20, 1900.

CASTLES AND COUNTRY HOUSES FOR THE WOUNDED—UNAPPRECIATED PHILANTHROPY—VIOLATION OF THE CODE OF CIVILIZED WAR—INFLUENCE OF MATERNAL INEBRIETY—ECHOES OF PAGET—PATRIOTISM IN THE PROFESSION.

THE patriotic movement for the care of the soldiers invalided home from South Africa has now spread beyond the hospitals and sanatoria and reached private homes and mansions. The Duke of Norfolk and Lady Mary Howard have thrown open Arundel castle for this noble purpose and a score of country residences have been placed at the disposal of the War Office, among them those of Lady Wolsley (wife of the Commander-in-Chief), Lady Loder, Mrs. Hope, and the Countess of Carrington. At this rate of progress; if it be not actually "sweet to die for

one's country" it will not be so desperately bitter to be wounded for it.

It scarcely appears, however, as if so very much of this nobly generous hospitality would be actually made use of, as the recovery-rate at the collecting and base hospitals is so high and rapid, that only a small percentage of the wounded and invalided have to be brought home at all. Upon these the effect of the long sea-voyage and the good nursing and feeding is so marked that upon arrival here a large percentage of them are almost well again, or at least declare themselves so, and anxious to return to the front. For instance, our old friend of the Cunard line, the "Aurania," arrived this week with 146 invalids from the Modder River, but of these only six were unable to walk or hobble on shore, although they had nearly all been carried on board at Cape Town.

The display of the universal brotherhood of humanity and things remedial and medical by the fitting out in England of an ambulance and corps for the Boer wounded seems to have been far from a success. Sir James Silverwright, an ex-cabinet minister of Cape Colony, who equipped the entire outfit at his own expense, offered at the same time his residence and estate, some thirty miles from Cape Town, as the site of a hospital colony for the English wounded. But instead of appreciating this impartial liberality, both belligerents resented it, and the ambulance was first declined by President Kruger, and then the estate by the Imperial authorities. Later, however, the estate was accepted for hospital purposes by the Red Cross Society, and the surgeons of the commission, although minus their ambulance, have been received at Pretoria and permitted to attend the wounded collected there, both Boer and captured British, making, we hear, no distinction between them, so that some good may come of Sir James' offers after all. The secret of the trouble appears to have been a report, probably quite unfounded, that the donor had let slip an expression to the effect that possibly the Boers might win, and hence was believed to be trying to "keep solid" with both sides at once.

Another violation of the code of civilized war is now being alleged on the part of the Boers. In addition to firing on the Geneva Cross, either upon ambulances or upon the uniform of the bearer corps, they are accused of throwing their dead into the rivers by night to conceal their losses. The effects upon the water-supply scarcely appear to have really occurred to their untutored minds, although there are not wanting allegations of sinister purpose in this regard, especially in view of the fact that the English camps are for the most part down-stream from the Boers.

In a paper based upon the study of 100 cases of female drunkenness read before the quarterly meeting of the Society for the Study of Inebriety this week, Dr. William C. Sullivan comes to the following conclusions:—(1) That maternal



inebriety produces a high rate of infant mortality. (2) That with the increase of maternal drunkenness came decrease of infant vitality. (3) That nervous abnormalities were unusually frequent in the surviving children. The first of these conclusions is almost axiomatic and its truth an unmixed blessing to the race as tending to eliminate rapidly and comparatively painlessly this type of organism. As to the other two, there is great difficulty in distinguishing accurately between cause and effect. How far inebriety itself is to be regarded as a symptom or evidence of inherited nervous unbalance is an open and much disputed question. Hence the nervous abnormalities in the children of inebriates may be simply manifestations in the second generation of the same strain of nerve-degeneracy which showed as inebriety in the preceding one, and not in any true sense caused by the alcohol consumed by the parents.

The columns of the press, both lay and medical, are still full of praise and regretful reminiscences of Sir James Paget. The hold which he had upon the admiration of all classes and the large niche which he filled in public esteem were simply phenomenal. His patient industry, his fund of knowledge, his splendid eloquence and his ready wit in speech and repartee are celebrated on all hands. A patient supplies an excellent illustration of his readiness in philosophic epigram. Standing one day at the bedside of one whose successful treatment depended in large measure upon the checking of long-continued alcoholic excesses, the poor wreck of a man begged piteously for some mitigation of his sentence to total abstinence, "You'll let me keep on with a few glasses of whisky and soda, doctor? It's so hard to break off old habits all at once." To which the paradoxical reply came instantly, "All habits are bad—even good ones." A dictum in point of philosophic insight and point worthy of Montaigne. Upon another occasion he is reported to have horrified his prohibitionist friends by declaring in the course of a discussion that "The worst subject for a critical surgical operation is a hard drinker—the next worst a total abstainer." Anent which it must be remembered that the total abstainer is the exception in England and is still, rather whimsically to transatlantic eyes, regarded as a man whose constitution or self-control will not permit him to stand the strain of even moderate indulgence in alcohol. We have actually heard a certain form of eye-strain characterized by a well-known ophthalmologist as "milk-drinker's asthenopia."

The degree to which the whole structure of English society is stirred by the present war crisis is well illustrated in the attitude of our own profession. Not merely have scores of our brethren volunteered their services to the various regiments in their professional capacity, but a strong movement toward volunteering as combatants is now on foot. Our distinguished half-brother in medicine, Dr. A. Conan Doyle, has

already offered himself for enlistment in the Imperial Yeomanry, but being rejected as overweight, has taken service upon one of the ambulance-staffs. This week's medical journals published a formal appeal to medical students and the younger members of the profession, signed by Dr. Frederic Roberts, Mr. Edmund Owen and three prominent surgeons, representatives of the Militia, the Volunteers and the Yeomanry. This urges them to consider the duty incumbent upon them to respond to their country's needs by at least filling the gaps in the strength of these forces, made by the drafts upon them for active service at the front. This extraordinary appeal is only one of a hundred indications of the seriousness with which the situation is here regarded.

Not a few members of our profession have already gone to South Africa at their own expense on the chance of getting accepted for surgical service in some of the emergencies which are sure to arise in the field or at the hospitals during the war. Indeed, as already reported, the disappearance of the post-graduate student from the schools and hospitals continues to be one of the striking features of medical London.

#### TRANSACTIONS OF FOREIGN SOCIETIES.

##### French.

1271  
INTESTINAL INTOXICATION ARISING FROM FOOD—SUPPURATIVE PAROTIDITIS—SUTURE OF HEPATIC CYSTS WITHOUT DRAINAGE—MISLEADING RADIOGRAPHS OF OLD FRACTURES—INTESTINAL OBSTRUCTION BY A HUGE GALL-STONE—THE RECENT EPIDEMIC OF TYPHOID FEVER.

At the Medical Society of the Hospitals, December 22d, Rendu described a case of intestinal intoxication which had recently come to his notice, in which the origin of the trouble seemed to be food, although the symptoms in some respects resembled those of typhoid fever, and in other respects those of malaria. A boy aged nineteen years, living in miserable surroundings and eating mostly spoiled food, was taken ill with headache, pain in the back, anorexia, coated tongue, fetid breath, vomiting, etc., but there was no diarrhea, nor iliac gurgling. There was, however, a sore throat and a scarlatinoform eruption limited to the distal portions of the extremities. This eruption disappeared in a couple of days and was not followed by desquamation. Usually in cases of food-poisoning there is a sudden rise of temperature to 104°, which lasts two or three days and then diminishes rapidly. In this patient the fever was of an intermittent type. In a period of fifteen days he had five or six febrile attacks, each preceded by a chill, and separated by intervals in which there was no fever. Rendu supposed at the time that possibly an old malaria had been stirred up by the gastro-intestinal trouble, but the patient denied ever having had malaria. Admitting that the fever was due to the food, it was



still impossible to make out the exact nature of the poison. In support of the theory that the new attacks of fever were due to intestinal poison, it was stated that the contents of the intestine remained putrid for two weeks in spite of the repeated administration of purgatives and intestinal antiseptics.

Barth said that in his opinion the alimentary intoxication was the *primum movens* of the trouble, but that the succeeding febrile attacks were caused by infection, the influence of the poisonous food-products having exalted the virulence of microbes existing in the intestine.

Claissé recently had opportunity to observe two patients suffering from suppurative parotiditis, the bacillary agent being, as is usually the case, the yellow staphylococcus. It is well established that the infection proceeds from the mouth upward, the first lesion being a stomatitis, followed quickly by an intense gingivitis. Thence the infection travels along Steno's duct. Such inflammation of the buccal cavity is due to a diminution of salivary secretion on account of a special diet ordered the patient or from other cause. Under such conditions antiseptics of the mouth is impossible, and Claissé adopted the plan of increasing the secretion of saliva by injections of artificial serum. Under this treatment the buccal lesions were soon cured. Under circumstances in which suppurative parotiditis is to be feared, namely, in the presence of urinary difficulties, during recovery from severe typhoid fever, pneumonia, etc., the condition of the posterior molars should be carefully looked after, as deposits of tartar can irritate the orifice of Steno's duct. If, in spite of cleansing of the mouth, the gums remain inflamed and the mouth is dry, injections of artificial serum should be resorted to.

Menetrier treated a case of double suppurative parotiditis by expression of the pus along the duct, and the patient recovered without incision. The bacterial agent was the pneumococcus.

Widal mentioned a case of parotiditis after typhoid fever which recovered without incision, the bacterial agent being Eberth's bacillus.

At the Society of Surgery December 27th, Delbet discussed the treatment of echinococcus cysts of the liver, basing his remarks upon a report of four cases made by Jonnesco, who closes the cavity either with or without suture of its walls, but in every instance without drainage. The idea was previously held that the cavity left by the extraction of the cyst membrane must be filled with some fluid in order to prevent exudation of serum. Experience has shown that exudation does not take place. If the cysts are very small no treatment except excision is required. If large they may be closed by a superficial row of sutures, or, if the walls are not disposed to fall together, they may be sutured in layers. In no case should drainage be used. He agrees with Jonnesco that irrigation with strong antiseptic solutions is harmful, while that with weaker solutions is unnecessary. A simple wiping of the cavity with dry gauze is enough. Puncture of a cyst to be

followed by injection of parasitic fluids, ought to be given up altogether. Jonnesco's four patients recovered promptly. Counting also four patients operated upon by Bobroff, four by Garre, one by Nelaton, one by Bougle and seven by himself, Delbet made up a total of twenty-one operations performed in the manner indicated without any injection.

Tuffier said that he had operated successfully upon a retrovesical cyst and one of the kidney, using no drainage and not suturing in layers. The patients recovered promptly and were well seven and eighteen months afterward.

Lucas Championnière spoke of the dangers of being misled by a radiograph of a callus after fracture, if the light was held in a wrong position when the radiograph was made. Even when manual examination shows the bone to be united in a good position a radiograph may make it look much deformed. In consequence some surgeons have denied the accuracy of these shadow pictures. There is danger also that they may be used to influence the mind of a jury in a suit for malpractice. The volume, dimensions and form of the shadow vary not only with the distance of the object from the plate, but from the light as well, so that two successive radiographs, unless the bone, the photographic plate, and the light are in exactly the same positions, will show two different deformities at the site of fracture. This variation in the size of objects is readily shown by taking a radiograph of a hand holding a needle and then taking a second one with the light at a greater distance. The needle in the former case may easily appear twice as long in comparison to the bones of the hand as it does in the latter. These facts should be borne in mind in forming an opinion from a radiograph as to the amount of deformity which follows a fracture.

Tuffier showed a smooth intestinal calculus about the size of an egg which had caused symptoms of intestinal obstruction, and which he had removed by laparotomy. The patient, curiously enough, had never suffered from bilious colic, although it seemed probable that the stone was formed in the gall-bladder and had passed thence into the intestine in the same condition as when found, as there were no signs of new stratification.

At the Society of Pediatrics Netter communicated some statistics relative to the recent epidemic of typhoid fever in Paris. He treated 188 patients of whom 6.65 per cent died. Hemorrhage was observed six times, erythema three times. The severe cases were characterized by cardiac complications by a small pulse and a tendency to collapse, and often by bronchitis and cerebrospinal symptoms. In these severe cases warm baths were employed, as with children they are better borne and give better results than cold baths. Among his patients were two nursing infants, both of whom died.

Marfan said that he had many times examined the blood of nursing infants with fever, but had failed to obtain a serum-reaction with typhoid

bacilli. It is probable that typhoid in an infant may pass unnoticed. Even in older children the reaction appears late, if at all.

Mery was able to obtain a positive serum-reaction in the case of an infant eight months old. The mortality among 67 patients treated by him during the epidemic was 7.45 per cent. In severe cases he used cold baths and did not consider them ill-borne by children. The indications for the use of the cold bath in children are the same as for its use in adults.

Ausset said that he had examined the intestines of many children who had died from various diseases; but that he had never found the lesions of typhoid fever when the disease had not been recognized during life.

## SOCIETY PROCEEDINGS.

### MEDICAL SOCIETY OF THE STATE OF NEW YORK.

*The Ninety-fourth Annual Meeting Held at Albany, January 30 and 31, and February 1, 1900.*

FIRST DAY—JANUARY 30.

#### MORNING SESSION.

**Inaugural Address.**—Dr. Willis G. Macdonald of Albany formally opened the first session of the ninety-fourth annual meeting. He said:

"The general interests of the Society have not alone sustained but materially advanced during the year. The interests of higher medical education have been safeguarded. The number of scientific contributions voluntarily presented to the program show no lack of healthy professional spirit. There have been presented few evidences of professional discord. Larger problems in sanitation in the State care of infectious diseases are now confronting us and the people will undoubtedly act upon our conclusions.

**Sects in Medicine.**—The recent development of several sects in medicine, the underlying principles of which have no bases in fact, presents a serious menace to public health which from the peculiarity of the methods employed by these sects, makes it very difficult and, under the present law, absolutely impossible to control. To state it more briefly, the doctor of Christian science and of osteopathy and the trance medium can all avoid the consequences of the medical practitioner's act. This condition arises from the insufficiency of the legal definition of the term "practise of medicine." A number of gentlemen of large experience, both medical and legal, have undertaken to so define the term "practise of medicine" that all these species of quackery may be controlled by our present medical practise act. To this end I commend the hearty support of this Society or its co-operation with the New York Academy of Medicine.

**Medical Expert Witnesses.**—There are a few

propositions concerning this matter which present themselves to my mind: The medical expert witness is neither better nor worse than any other expert witness, and the difference of opinion among electrical, mechanical, chemical and even legal experts are just as great as among medical. The essence of the whole thing is bias. When a medical expert prepares for an attorney the medical side of a case and prompts him in the examination of opposing witnesses, he is no longer a witness and should not be sworn. He is an advocate at the bar with all the bias that that implies. The legal profession is responsible for the present order of things. When they start out to obtain expert medical testimony they frequently and very naturally look for the witness who is going to be of the most assistance to them, both as a witness and in the preparation of their side of the case. Presiding judges can readily remedy this by excluding from the witness box the medical advocates. I am of the opinion that a voluntary society of men doing expert work could do much to regulate the condition.

**State Control of Tuberculosis.**—The question of State control or care of persons suffering from chronic infectious diseases is receiving world-wide attention. The regulation of tenement houses, and of food supplies are important topics for consideration. The United Charity Organizations of New York, if I am correctly informed, have come to the conclusion that State care is the solution of the tuberculosis problem. There are other ways of approaching the proposition of the control of tuberculosis than through the organization of State sanatoria. The State devoted, by appropriation, to the State care of the insane during the year 1899 over five million dollars. What additional appropriations may very naturally be required for the support of the tubercular, the syphilitic, the venereal, and, eventually, the cancerous? Such a series of conditions would soon evolve a condition of philanthropic communism. We must be guarded in our advocacy of these measures. The suggestion is made that the seal of approval of this Society shall not be placed on suggested legislation until the most careful consideration.

**Affiliations.**—The events leading to the schism now existing between the American Medical Association and the Medical Society of the State of New York are too well understood to require any repetition in this body, nor would any reference to it be made but for the unofficial discussion by individual members of each society of a plan for reapproachment. The principles for which each faction in the New York State Medical Society has striven so strenuously and honestly for twenty years have under the influence of medical progress become practically identical. There lingers yet but the memories of thrusts received in heated if not acrimonious debate, and of wrongs perpetrated in defense of false notions. Personally, after a critical investigation I can find no difference in the ethical behavior of members of the American Medical



Association and that of members of the Medical Society of the State of New York. In fact, some very worthy and distinguished physicians are members of both and reflect equal credit upon each society. It has occurred to many of us that honesty and good manners are not matters for legislation or codes, but rather the results of home training and education, and that physicians are well bred and honest because of education rather than codes. The present medical law of the State of New York has done more to remove sects in medicine and improve the ethical and scientific standing of physicians than all the codes since Hippocrates. It is this law, possibly somewhat modified, with some additional safeguards, that is the code of ethics of the Medical Society of the State of New York, and practically unifies the profession in this State. If the present requirements for the degree of doctor of medicine in New York State will not guarantee the ethical behavior of the candidate, no code will. His State certificate is his authority and you can decline to receive, resolve and expel until red in the face, yet sit with the same man on an official board of health the next day.

The cases are isolated indeed where the code of the American Medical Association has been invoked to discipline a member. Its most frequent use has been its employment to keep members of this Society from participating in the meetings of the American Medical Association. Recently this policy of conciliation has led to the acceptance of members of the Medical Society of the State of New York as members of the American Medical Association without asking any questions or having the gentleman recommended by another. The practise seems to me not only questionable but undignified. The differences which led to the disruption have disappeared. There is nothing but the echoes of strife and a few personal ambitions. A solution of the problem might be simple. Let the American Medical Association invite the Medical Society of the State of New York to send delegates whose credentials will be received and they be admitted through the same door that closed in the faces of that distinguished delegation of New York physicians at St. Louis. Let them come in the front door of the convention with equal rights with all, in this way, I believe, can our differences be settled with dignity, and the Association made what it is not now, the representative of the united medical profession of the United States.

**Vivisection in the District of Columbia.**—There are two subjects of great importance to the medical profession now subjects of legislation before Congress. The first is a bill purporting to regulate vivisection in the District of Columbia, but which is in reality a measure designed to annoy, hamper and nullify every effort made for the advancement of medical science through humane animal experimentation. It is only in the rarest instances that cruelty has been inflicted. It is certainly not necessary to detain this Society by

any detailed statement of the manifold benefits which so continuously flow from animal inoculation and experimentation in the field of original research.

**Medical Corps of the Army.**—The other subject is of equal interest to us and involves the reorganization and increase of the medical corps of the army. Skeleton formation is a favorable plan in other departments of the army, why does it not apply in the medical corps? There can be no doubt that the Surgeon-General has been very modest in his demands for increase in the personnel of the medical corps. If army medicine and surgery are going to be held responsible for all the ills of the camp and field, it should have at least an adequate corps. Our duty is plain, we should at once go to the assistance of the medical corps and make Congress feel the necessity of prompt and favorable action.

**Executive Business.**—Dr. A. Vander Veer, of Albany introduced a resolution that this Society request our Senators and our Representatives in Congress to give hearty endorsement to the law, now pending, regulating the increase of the medical corps of the army; it was carried.

A question as to the eligibility to membership to the State Society of the West End Medical Association of New York excited much discussion. A subcommittee reported favorably upon the eligibility of a delegate from that Association without any endorsement from the Society as a whole.

**Gastric Carcinoma and Hydrochloric Acid.**—Dr. A. MacFarlane of Albany read this paper. He said that symptoms of carcinoma of the pylorus are very different from those involving other parts of the stomach, the signs of a diffuse growth differing from those of a localized tumor, the evidence of an ulcerating tumor differs from that of one which has not ulcerated, the symptoms of a primary growth differing from those where the tumor has subsequently developed. The significance, then, of the presence or absence of retention, hydrochloric acid, lactic acid, blood, pus, sarcinae, yeast, should not be applied indiscriminately to all cancerous conditions, but to selected cases in which the agent is present.

He wished to call attention to a series of sixteen cases in which what is ordinarily considered the most characteristic symptom of carcinoma—absence of hydrochloric acid—was not present. Some claim that absence of hydrochloric acid is pathognomic of cancer; it certainly is of the highest diagnostic significance. Hollman, Biach, Eisenlohr, Tapret, Piquel, Koch and Bruvert have reported cases showing that the presence of hydrochloric acid is not necessarily inconsistent with the diagnosis of cancer. Of these sixteen cases reported, in twelve of which the diagnosis was confirmed by operation or post-mortem examination, six had histories highly suggestive of a preceding ulcer. Hydrochloric acid was continuously present in thirteen, and for a time found in the other three, where it was later replaced by lactic acid. The pylorus was involved in seven



cases, the pylorus and lesser curvature alone in one, and the growth was diffuse in one case. Lactic acid was present late in four patients, in three replacing the hydrochloric acid and in one associated with it. All suffered greatly from vomiting retention, determined by the presence of *sarcinae* or food, was well marked, emaciations and loss of strength were striking in every case and the appetite was poor in most cases. The duration of the gastric symptoms in nine cases was less than a year, in seven more than a number of years. In seven cases the pain was the prominent symptom, while distress and burning were mentioned in three. Of the sixteen cases, eleven occurred in the male and five in the female, the ages varying from thirty to seventy-two years.

The object of the paper was not to add to the difficulties of diagnosis, but to impress the importance of the possibility in a considerable number of cases of the absence of the most characteristic symptom of carcinoma and the necessity of judging each case by itself.

**Age, Sex and Season in Nervous Disorders.**—Dr. William C. Krauss of Buffalo showed the importance of age in the history of development of nervous disease. He divided the period of life into six epochs, showing those diseases which have a predilection for each epoch. The period of adolescence is one of active growth and gives rise to certain functional disorders, such as chorea. During the epoch of manhood there is impairment of bodily functions and degenerations, which result in organic diseases.

**Strabismus.**—Dr. D. B. St. John Roosa of New York read this paper. At the last meeting of the Society he reported a new operation for this condition. Confidence in that operation was based on the fact that Panas operated 210 times before he reported on the subject. He now reports results of 6 operations, since increased to 24, and by his colleagues, Dr. Davis and the house surgeon at the Manhattan Eye and Ear Hospital, to 48. Of these only two cases still require operation. The operation consists essentially in stretching both muscles to be divided before dividing them. The other feature of the operation consists in doing it at one sitting. The case should not be an ambulatory one if success is to be attained.

**Non-operative Treatment of Strabismus.**—Dr. A. E. Davis of New York read a paper on this subject, as follows:

(1) Hypermetropia and hypermetropic astigmatism are the causes of convergent strabismus in the great majority of cases.

(2) As contributory causes may be mentioned, (a) difference in acuteness of vision, either congenital or acquired, but usually acquired and due to an unequal state of refraction in the two eyes; (b) anything that interferes with the acuteness of vision, as opacities on the cornea, in the vitreous or lens.

(3) Faulty structure, insertion or innervation of the extrinsic muscles of the eye may cause convergent strabismus; and paresis of the ciliary muscles has been given by some observers (Javal).

(4) The amblyopia present in most cases of convergent strabismus is functional and acquired, and not congenital except in rare cases. The few examples of positive evidence on this point, that is, where cases have improved greatly in vision when the squinting eye was straightened, together with the cases where the amblyopia has been observed to develop after the strabismus begins, as in the case furnished by Roosa, and published for the first time in this paper, are of much more value than all of the negative evidence in favor of the theory of congenital amblyopia.

(5) The non-operative treatment of strabismus, tropine, the exclusion pad, and in patients old enough, glasses, the stereoscope and bar-reading, should be begun as soon as the squinting is observed; for it is in the early cases that this form of treatment is capable of doing so much good. By means of it, if the case is taken in time, false fixation and suppression of the image in the squinting eye is prevented, fusion of the images in the two eyes encouraged, and form-perception, that is, true binocular single vision often maintained. Even where one or more of these functions have been lost persistent effort in the non-operative methods of treatment frequently restores them.

(6) Just as soon as the non-operative method of treatment ceases to improve the condition of the squint it is time to operate. Delay in operating after this is not only useless but harmful, because the habit of suppressing the image in the squinting eye becomes fixed and the amblyopia worse.

(7) After the eyes have been operated on, the use of the stereoscope, bar-reading, the pad, glasses and so forth, are of the utmost use in completing the cure, maintaining parallelism and establishing single binocular vision.

(8) The "rational" treatment of strabismus is early treatment, and in every case the child should be thoroughly examined soon after the strabismus begins. This principle should be urged upon the whole profession in order that it may reach the public.

**Ocular Affections in Family Practice.**—Dr. Frank Van Fleet of New York read this paper. To his mind there are four kinds of conjunctivitis: Simple, which requires very little treatment; gonorrheal; trachomatous, and traumatic. All forms are purulent and contagious, excepting possibly the traumatic form. The treatment depends on the severity and the cause producing it. Mild attacks require only a soothing collyrium; severe attacks require an application of nitrate of silver, and, possibly, ice-cloths. The use of a mild solution of nitrate of silver, five grains to the ounce, in mild attacks, is best. It is applied with a cotton-wrapped applicator. To gonorrheal cases the stronger solutions, from twenty to forty grains to the ounce are advisable; if applied early enough they may not need repeating; application of ice-cloths should follow. Trachoma and follicular conjunctivitis, when acute, respond

promptly to the application of nitrate of silver. After the acute stage, apply sulphate of copper. Any one of the three remedies, nitrate of silver, alum, or sulphate of copper, will produce good results in the treatment of conjunctival inflammations if used for a limited time; if used too long they may aggravate the trouble. In acute cases, use the silver; in the subacute and chronic cases, use all three alternately. Conjunctivitis may be mistaken for other conditions, the most common being keratitis, iritis, scleritis and glaucoma. In conjunctivitis the striking characteristic is the discharge of pus, more or less profuse. In keratitis there is an increased flow of the lachrymal secretion. In conjunctivitis there is swelling and redness; not so in keratitis. In keratitis there is loss in the brilliancy of the cornea; not so in an uncomplicated case of conjunctivitis. In the majority of cases of keratitis there will be an opacity of the cornea. In conjunctivitis there will be an injection of the conjunctival vessels; in keratitis there will be few or none, although what is known as circumcorneal injection, which is never found in uncomplicated conjunctivitis, may be observed.

Iritis and glaucoma should be differentiated from keratitis. In keratitis there is generally an abrasion or ulceration of the cornea. In keratitis the pupil is contracted; in glaucoma it is dilated. In keratitis the cornea is sensitive to the touch; not so in glaucoma. The irritation due to keratitis will entirely disappear for a time under the use of cocaine; in iritis it has little or no effect. If cocaine dilates the pupil in iritis it will cause an irregular outline. Pain is generally more pronounced in iritis and glaucoma than in keratitis. In glaucoma there is increased tension of the eye.

The pain of conjunctivitis is relieved, as a rule, by the application of iced compresses; in keratitis and iritis hot applications are preferred. In uncomplicated conjunctivitis atropine is never indicated; in keratitis and iritis, always; while in glaucoma it produces the most disastrous results. Episcleritis and scleritis are often met with in private practise as frequent accompaniments of rheumatism and gout. The treatment consists in the application of hot water and atropine. Internally large doses of salicylate of soda, free catharsis, and alkaline waters. Colchicum is often of value.

**Under-Graduate and Post-Graduate Instruction in Therapeutics.**—Dr. Eli H. Long of Buffalo read a very practical paper on the teaching of therapeutics to under-graduates and with reference to post-graduate instruction. Dr. Reynold W. Wilcox of New York thought that less attention should be paid to theoretical and more to the practical side of instruction.

#### AFTERNOON SESSION—TUESDAY.

**Escarache in Children.**—Dr. T. H. Halsted of Syracuse read this paper. It will appear in the MEDICAL NEWS.

**Weil's Disease.**—Dr. Harlow Brooks of New York read this paper. Weil thinks this

disease to be an infectious toxemia. It is almost always found in consumers of putrid or spoiled animal flesh, and is quite frequently seen in butchers. The lesion of the disease results in swelling, congestion with blood extravasation, parenchymatous nephritis, and degeneration of the liver. A great similarity exists between fatal cases of Weil's disease and acute yellow atrophy of the liver. Weil's disease, yellow fever, acute yellow atrophy of the liver and results of phosphorus poisoning present similar pathological changes.

**Fever and Heart Failure.**—Dr. A. Jacobi of New York read a paper on the treatment of temperature and heart failure. He does not believe that any degree of temperature or any Greek name of a disease should be treated in place of the patient.

**Croupous Pneumonia: Pathogenesis and Treatment.**—Dr. James K. Crook of New York said that we know that the cocci are present in the majority of the cases of this disease, and, further, that if we inject a pure culture into animals, it gives rise to hepatization of the lungs. They are not invariably present in pneumonia, nor do they invariably cause pneumonia, nor do they fulfil all the laws that the pathogenic organisms do, as in the case of the bacillus anthrax, Koch's bacillus, or the spirillum of relapsing fever. Pye-Smith, in an article in Albutt's "System of Medicine," requires that the microbes should be specific, and the cultures identified beyond dispute. The morphology of the diplococcus of Fränkel is admitted to be illusory; it is arbitrarily described as a micrococcus, a diplococcus, or a streptococcus. It is also described as being oval, or lancet-shaped, or as a bacillus; as sometimes encapsulated, and sometimes not. It must be confessed that we can not pin our faith in Fränkel's microbe as a cause of acute lobar pneumonia, nor as a basis for therapeutic measures. Two French writers have shown the presence of the pneumococcus in the secretions from the tonsils in every one of forty persons. While it is possible to reach the lungs through the blood-vessels or the lymphatics, it may be shown that the bacillus also gains an entrance through the bronchial tubes. There is no doubt that a depressed vitality increases the receptivity of the soil. Dr. Andrew H. Smith<sup>1</sup> claims that pneumonia is not an inflammation by a process of germ culture. That opinion is at variance with those of other writers on the subject.

It has been discovered that the serum from the blood of animals affected with pneumonia gives temporary immunity when injected into healthy animals. The hope is that the future treatment rests in the discovery of a practical antitoxin. Many believe that an antitoxin can be introduced into the stomach of a patient and so into the body in such a way as to render the blood an unfit medium for the pneumococcus. We should not be in too great a hurry to attempt to jugulate a disease by the use of antiseptics until the re-

<sup>1</sup> MEDICAL NEWS, December 16, 1899.

sults of the antiseptics are better known, and whether they can be introduced in sufficient strength to destroy the pneumococcus without destroying the patient.

Dr. Andrew H. Smith of New York, in discussion, referred to the double circulation existing in the lungs, one being in common with the circulation of all other organs in the body which sustains the structural conditions; the other circulation being functional. It is possible to have a disease which affects one circulation and not the other. If the liver is compressed by an exudate the functional circulation is absolutely suppressed; yet in the lung the structural integrity is maintained and it may later expand. In no other organ in the body is such a thing possible. In pneumonia and diphtheria the specific germ acts locally and gives rise to an antitoxin, which is absorbed into the system and disseminated everywhere throughout the body, producing serious symptoms. They are equally interesting in regard to other dissimilarity; in diphtheria the microbe works in the tissues; in pneumonia the microbe acts upon the exudate, which is essentially outside the body and not a part of the structure of the lungs. The microbe and toxin are directed upon the tissue just as truly as if they were corrosive poisons.

**Classification of Infectious Diseases.**—Dr. William H. Thomson of New York believes in the adoption of a definite nomenclature descriptive of classes of infectious diseases, as follows:

(1) All diseases due to the presence of specific living micro-organisms are infectious; therefore, owing to the nature, all infectious diseases are inoculable from the sick to the well; according to the means of communication he classified them under three headings, *viz.*: (a) Contagious; (b) non-contagious; (c) inoculable. The contagious communicable diseases are transferred by simple proximity; this is sufficient to communicate the infection to those who are susceptible; among these diseases are typhus fever, typhoid fever, smallpox, measles, mumps, whooping-cough, etc. The practical deduction is that these should be isolated to prevent infection.

(2) Non-contagious communicable diseases are those in which the communication is not by simple proximity to the sick, but by other intermediate means. Isolation is not needed nor is it effective. Examples are Asiatic cholera, tuberculosis, etc.

(3) Inoculable diseases are those in which the infection gains an entrance through a wound or damage to the skin or mucous membrane, such as surgical infection of wounds, hydrophobia, tetanus, and in addition, malarial infection as proven experimentally from the bite of the mosquito.

**Prophylaxis in Gynecology.**—Various papers were presented in this discussion, for which see pages 164 to 167 in this issue of the MEDICAL NEWS.

Dr. M. D. Mann of Buffalo referred to the imperfect development and hygiene of school-girls,

especially at the time of puberty. There is too much pushing of young minds developed at the expense of the body. Young girls, at time of menstruation, should be removed from schools and kept quiet. In older people such care need not be given at the menstrual period. Regarding abortion there are three kinds of infection: (1) Infection from saprophites or a sapremia, usually recoverable. (2) Staphylococcic and streptococcic infection, usually of severe nature and often fatal. (3) Gonococcic infection, which comes on, not from neglect, but because it existed previously in the cervical canal and makes its way up to the tubes and ovaries.

#### EVENING SESSION—TUESDAY.

#### *Discussion—State Care of Tuberculosis Patients.*

Dr. Edward O. Otis of Boston, Mass., opened the discussion. One-seventh of all deaths are the result of tuberculosis. It is the most prevalent of all diseases. It is curable in the early stages. The helpless cases among the poor have no care and so must go to almshouses. The situation should arouse the public to action. He advises that the crusade against consumption be made a popular one. He favors two kinds of public institutions, *viz.*: (1) Consumptive hospitals in or near the cities, regulated by municipal control. (2) Several state sanatoria favorably situated for the climatic and open-air treatment and not too far distant from the city. The cost is not much over \$400 *per capita* per year. Efforts at treatment among the poor in their homes are almost impossible. He referred to the progress made abroad in establishing sanatoria, and trusted that this country would soon do likewise and not be so apathetic.

**State Care in Massachusetts.**—Dr. Vincent Y. Bowdich of Boston, Mass., read this paper. The number of cases in the hospital previous to October 1, 1899, 212; readmitted, 2; total, 214. The number discharged, 126; still under treatment, 88. In 35 the disease was arrested; 37 were much improved; 17 moderately improved; 24 not improved; 1 had bronchitis and 1 died, the latter having tuberculosis of the bladder. The point of great interest pertains to the arrested cases. He uses the term *arrested* and not *cured*, because he does not consider it should be applied until the patients have been under observation two years.

**Infectious Character of Tuberculosis.**—Dr. George Blumer of Albany continued the discussion. In tuberculosis developing in later life, evidence shows that the bacillus may enter in several ways, of which the two most important are the respiratory and alimentary tracts, rarely the genito-urinary tract or through the skin. The alimentary tract is affected more commonly in children than in adults. The rarity of primary intestinal tuberculosis is shown in 1000 autopsies reported with only 1 case. Northrup of New York in 125 necropsies found but 3 with uncom-



plicated tuberculosis of the mesentery glands. Infection through the genito-urinary tract is extremely rare, and then is probably of blood origin. The prognosis studied from a pathological standpoint shows that no chronic disease shows a greater tendency to heal.

**Legislation Concerning Tuberculosis.**—The Hon. Horace White of Syracuse said that two years ago a committee was appointed to introduce a bill showing the wisdom of making an appropriation for the establishment of a hospital for the victims of pulmonary consumption. Last winter a bill was introduced for the establishment of such a hospital. It failed. This winter again was presented another measure of the same character. He believes that the future will bring the desired results. What has been accomplished elsewhere can be accomplished here. The only adverse argument advanced seems to be the expense to the State. He believes the relief is sure to come.

**Spread of Tuberculosis.**—Dr. Enoch V. Stoddard of Rochester discussed the sanitary and economic standpoints. One of the commonest causes of poverty is the prevalence of disease by which families are deprived of the helping hand. It is not well known, but the State of New York, in both private and benevolent institutions, aids one in 251 of population. The cure of tuberculosis in home sanatoria is less frequent than when patients are in distant localities and distant climates. He advised the enforcement of a policy by the Legislature regarding the prevention of tuberculosis, which should be as adequate as that which controls smallpox or other contagion.

**Increased Taxation Necessary.**—Hon. Otto Kelsey of Genesee said the State is not prepared to assume this tremendous burden. It costs about \$550 *per capita* to build buildings for housing the dependent classes. The charges of State Government are about \$23,000,000, causing a tax of 2½ mills on the dollar, which, added to the municipal and local tax, makes a burden. Of this amount \$5,000,000 is for the insane; \$4,000,000 for schools; \$2,000,000 for the canals; \$11,500,000 for prisons and other necessary appropriations. The sum of \$300,000 is now being used for new buildings for the insane. The practical question to be submitted in face of the enormous expenditure is: Is it proper or safe to venture upon another great expenditure so indefinite that the extent to which it may go cannot be estimated.

Dr. John H. Pryor of Buffalo stated that tuberculosis caused 12,979 deaths last year against 13,414 this year, and increased nearly 500 this year. In Greater New York there were over 300 more deaths this year than last. He believes in isolation-hospitals near large cities, and that there should be State prevention. We can be compared with Turkey in Europe and compared with no other country in Europe. Even Spain is establishing hospitals for consumptives. The Empire State cannot afford to be surpassed in this by European countries and her sister States.

WEDNESDAY, JANUARY 31ST.

# MORNING SESSION.

The first part of the morning was devoted to a Clinical Session given at the new Albany Hospital. Special trolley cars were run to within a few blocks of the hospital; the doctors were then transferred to bus and sleigh, and carried to the hospital door. The clinic was under the control of Dr. Vander Veer. The courtesies of the hospital had been extended to members of the Society desiring to bring patients, and such patients were cared for, free of charge, during their sojourn in Albany.

Drs. Vander Veer and MacDonald showed many interesting cases, chiefly surgical, and Dr. W. K. Otis of New York read a paper on "The Modern Urethroscope; Its Value and Limitations," showing his latest invention in this field. At the termination of the clinic the members of the Society were carried back to the City Hall, where the regular program was resumed.

**Anthrax.**—Dr. Frank W. Ross of Elmira, in reading this paper, said: The lesions are typical and can hardly be mistaken for anything else. The wonderful results of immunizing serum used in animals should justify its use in man. Excisions of the infected part and the application of the antiseptic, both locally and by injection, justify their prompt and persistent use in all cases.

**Bovine Tuberculosis.**—James Law, M.D., of Ithaca said that some of the medical profession and the lay skeptics denied the possibility of the transference of the disease from ox to man and from man to ox. Cultures of tubercular bacilli from man to the rabbit and cultivated then in bouillon become more destructive to guinea-pigs. In the tuberculin test for tuberculosis in herds, the majority of animals show only a localized tuberculosis. There are countries where tuberculosis is prevalent in man and not in animals. There is an increase of bovine tuberculosis in New York State because cattle are admitted without examination; Canada, Massachusetts, New Jersey, Pennsylvania, Illinois and Kansas will not admit the milch cow without tuberculin test being used.

**Tuberculin Tests.**—Dr. V. A. Moore of Ithaca stated that the tuberculin of to-day is a concentrated liquid usually in glycerinated bouillon, in which the tubercle bacillus grows until it can grow no longer. The practical application is very important; the tuberculin reaction consists in the temporary rise of temperature on the part of the tuberculous animal; it produces absolutely no effect upon healthy animals.

Dr. James K. Crook of New York referred to cases occurring in hospital, where it was important to know if those were true cases of tuberculosis. In three tuberculosis was diagnosed clinically and in three it was suspected. In none was there any reaction from the injection of tuberculin except one which turned out to be tuberculosis. Three doses of tuberculin were administered, beginning with 1 milligram.

**The Medical Examiner.**—Dr. S. Oakley Vanderpoel of New York read this paper. All life insurance companies formerly were obliged to decline from 12 to 15 per cent. of applicants on account of impairment of family record or physical disability. Recently one company studied all its declined applications between the years 1875 and 1890 and learned the condition of health if alive and the cause of death if dead. From the data received the company was able to differentiate and collect groups of cases suffering from the same disorders; now, practically all of the 15 per cent. formerly declined are accepted on a substandard basis, provided they are not actually ill or there is no moral hazard. His conclusions were: (1) The company now insures under-average, as well as selected lives; it offers insurance to practically all who apply. (2) In each case it adjusts the plan of insurance to the insurance value of the risk. (3) The medical examiner's report serves as a basis of valuation, and determines the plan upon which the insurance is offered.

**The Angiotribe.**—Dr. J. Riddle Goffe of New York related his experience with this instrument, and reported sixteen cases in which he had used it successfully. The advantages are: (1) It secures absolutely against hemorrhage. (2) It shortens the operation of vaginal hysterectomy ten to fifteen minutes. (3) It seals the severed ends of the broad ligaments, thus preventing absorption of septic material. (4) As the work proceeds more and more room is gained for manipulation in the pelvis. (5) It is easily applied in cases in which the uterus cannot be drawn down.

Dr. Stone of Washington said the use of the instrument enables one to remove the uterus and close up the vaginal wound entirely without fear of hemorrhage or of suppuration. The two points of advantage referred to were: (1) It shortens the operation, and (2) avoids the use of silk ligature in the pelvis or abdomen.

**Acute Otitis Media.**—Dr. Edward B. Dench of New York said that severe pain in the ear is due to inflammation of the external auditory canal or tympanic cavity. If one looks in the ear of a child and finds nothing, the teeth should then be examined for carious conditions. Earache in children usually means inflammation of the middle ear; in adults it may mean inflammation of the external auditory canal or tympanic cavity. A high temperature, unaccounted for, almost invariably is due to inflammatory conditions within the tympanum. An absence of luster of the drum membrane means an inflammation just as redness does. If the drum membrane is to be incised, make a free incision. Cut and cut deeply every time. Do not use drops, in the ear, of sweet oil and laudanum; this should be a state's-prison offense. Dry heat, hot-water bags or some other form of dry heat should be employed. Never use poulticing or syringing of the ear, except in the presence of pus.

Dr. James F. McKernon of New York believed in the instillation of an eleven per cent. solution of

camphor at the temperature of the body, in pain in the ear.

**Uterine Fibroids.**—Dr. W. F. Ford of Utica read this paper. It will appear later in the MEDICAL NEWS.

**The Anniversary Address** was delivered by the President. (See page 193 of this issue.)

#### WEDNESDAY—AFTERNOON SESSION.

The following subjects were discussed at the opening of the session: Dr. Samuel G. Grant of New York demonstrated several instruments for use in rectal examinations and operations. "A Unique Case in Obstetrics," was read by Dr. F. H. Parker of Auburn. "Further Investigations into the Cause of Cancer," was read by Dr. Roswell Park of Buffalo. The two latter papers will appear later in our columns.

**Curability of Leprosy.**—Dr. George Henry Fox of New York said it was possible for leprosy to be cured. It is a disease like syphilis tending to run a slow and definite course; when the virulence is spent, the patient is free from the disease, if the strength is sufficient to stand a prolonged attack. Emphasis was laid upon the hopeful condition of the mind. Chalmogra oil is of great benefit in all cases. In a case of macular leprosy he had been able to administer 100 drops of this oil; when the stomach rebelled, *nux vomica* was given and the patient greatly improved. The oil is of benefit in the tubercular form as well. Change of climate is a potent factor in the treatment.

**The Care of the Hair.**—Dr. George Thomas Jackson of New York read this paper, which will appear later in our columns.

Dr. Robert C. Myles of New York read a paper entitled "Some Remarks on the Surgery of the Nasal Septum," and presented some anatomical specimens, showing certain deformities, and described the methods used for the correction of the same.

Dr. Orlando B. Douglass of New York said that the value of the surgical treatment of nasal obstruction, which causes more than nine-tenths of all the catarrhal troubles, can hardly be overestimated.

Dr. John O. Roe of Rochester referred to the fact that nasal obstruction is the most potent cause of nasal catarrh, and operation should be instituted for its cure.

**Hip-joint Disease.**—Dr. A. M. Phelps of New York showed a boy with hip disease to whom he had applied the so-called "lateral traction-fixation" splint. The brace should extend above and below the joint. In hospital the use of the brace is followed by less than 16 per cent. of abscesses. Different varieties of braces were demonstrated.

**Education and the Medical Profession.**—A. V. V. Raymond, D.D., LL.D., President of Union University, delivered this address. Education stands for liberal culture; the profession of medicine stands for technical knowledge, skill and a means of livelihood. Is the aim of education to

give man ability for his special calling? No. Man's occupation is not the end but the means to the end. The principle involved is that true education comprehends the development of all capacities and powers belonging to man, bringing him into correspondence with all the world. He is educated because he is a man. A longer period of preparatory training is needed for medical students than any other profession; it required the best men and the best methods.

**Rational Therapeutics vs. Christian Science.**—James M. Bulkley, D.D., LL.D., of New York, editor of the *Christian Advocate*, delivered this address. With more knowledge it is said freaks could be accounted for. Health is a condition of ease in existence, sickness is a disease, local, general, functional or organic. The causes of disease, scientifically considered, are accident, overwork, internal poison, germs, and the operation of destructive forces from without. Old age is recognized as normal. Superstition is the attempt to account for natural effects by supernatural causes, or diseased or modified natural results by supernatural means. Whenever a point is made against a lecturer or advocate of Christian Science this person holds he is not responsible for any view offered. What they do hold is a simple paraphrase of Mrs. Eddy's sayings. Much laughter was created by reading some of Mrs. Eddy's theories. He then proceeded to demolish them, *seriatim*.

**Surgery of the Stomach.**—Dr. H. Beeckman Delatour of Brooklyn reported one case of gastrotomy and one case of gastrectomy. The latter operation took fifty-five minutes. Hunger was a marked feature. The patient rapidly increased in weight, gaining thirty or forty pounds six months after operation. The patient became pregnant and gave birth to a child. The patient is still alive, although there was a recurrence coincident with pregnancy.

**Atresia of the Vagina.**—Dr. F. W. Higgins of Cortland said that diphtheria is one of the rarer causes of this condition, only two cases having been previously reported. He had operated successfully on a case due to this cause. Twenty-four ounces of blood were found in the dilated uterus and vagina. Operation should be performed early, before the Fallapion tubes become dilated; strict asepsis is necessary. Flushing the cavity with hot saline solution, wiping dry and packing with iodoform gauze was advised.

Governor Roosevelt, at 5 o'clock, tendered to the members, delegates, invited guests and their friends, a reception at the Executive Mansion. In the evening the annual dinner was served, at the Hotel Ten Eyck.

THURSDAY—FEBRUARY 1.

MORNING SESSION.

Dr. Luzerne Covelle of Ithaca discussed in a paper the shape of the spleen and its surgical relations. This was followed by a paper by Dr. William Mabon of Ogdensburg, on "Surgical Operations in Hospitals for the Insane," in which

he discussed the advisability of such work. Operative procedures on insane inmates are being practised quite extensively and reports of beneficial results are not uncommon. The general health is thereby improved and indirectly this improves the mental condition.

**Hysteromyomectomy.**—Dr. I. S. Stone of Washington, present by invitation, favored supravaginal hysteromyomectomy in the great majority of cases in preference to myomectomy simply. The latter operation is attended with greater mortality and always leaves the patient with the possibility of developing more tumors. Twelve cases were reported.

**Cerebrospinal Fluid.**—Dr. W. Freidenthal of New York reported a case of cerebrospinal fluid discharged through the nose. There is no connection in these cases with nasal hydrorrhea or hay-fever, which are purely nervous in origin. There is a constant dripping from the nose day and night. This is usually preceded by severe brain symptoms, which are relieved by the discharge. Dr. Scheppegegrell of New Orleans, in discussing this paper, insisted that the symptoms favored the supposition that there is a tumor near the hypophysis cerebri and through presence of this tumor fluid is discharged. There is no mucus in the discharge.

**Inguinal Hernia.**—Dr. Thomas P. Scully of Rome presented the comparative results of radical operative treatment and treatment by injections, with report of cases.

At the executive session Dr. Ransom, in behalf of the Committee on Medical Expert Testimony, reported that there is no prospect of obtaining corrective legislation in view of the constitutional restrictions, and upon request the Committee was discharged.

**Election of Officers.**—The following officers were elected: President, George B. Fowler of New York; vice-president, George Seymour of Utica; secretary, Frederic C. Curtis of Albany; treasurer, O. D. Ball of Albany. The standing committees remain as before, with the exception of the addition of A. G. Root of Albany and A. E. Davis of New York to the Committee of Arrangements; John H. Pryor of Buffalo to the Committee on Hygiene; T. Z. Jones of Waterville to the Committee on Ethics, and O. D. Ball of Albany to the Committee on Publication.

**Emulsion of Cod Liver Oil.**—The emulsion with glycerin here given contains eighty per cent. of the oil, is very stable, and not unpleasant to the taste.

R Ol. morrhuae pur..... $\frac{3}{4}$  vi  
Glycerini pur..... $\frac{3}{4}$  i  
Tinct. quillaie..... $\frac{3}{4}$  iss  
Aq. laurocerasi..... $\frac{3}{4}$  i.

M. Ft. emuls. Sig. Shake well. Dose as directed. If the addition of hypophosphite of calcium is deemed desirable, one dram of the salt dissolved in five drams of water is added to the above emulsion.